What does the National Strategic Plan on HIV and AIDS mean for Children?

A Guide for Individuals and Organisations working with and for Children
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We pay homage to the numerous individuals, organisations and networks whose commitment and contributions helped craft the National HIV and AIDS and STI Strategic Plan for South Africa 2007-2011 (NSP); who implement and monitor the NSP; and who work tirelessly to make a difference in the lives of children and communities.
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This guide answers the following questions:

- How does HIV and AIDS affect children in South Africa?
- What is our plan, as a country, for dealing with HIV and AIDS?
- What role can organisations and individuals play in implementing the NSP?
- What important principles guide implementation of the NSP?
- What does the NSP say about issues that place children at risk? What can you do?
- What does the NSP say about preventing HIV infection in children? What can you do?
- What does the NSP say about treatment for children? What can you do?
- What does the NSP say about care and support for children? What can you do?
- What does the NSP say about human rights and access to justice for children? What can you do?
- What provisions are made in the NSP for research, monitoring, evaluation, surveillance? What can you do?
- How does the NSP strengthen services of NGOs, CBOs, schools and ECD programmes?
- What structures have been put in place to oversee implementation of the NSP?
- What resources are available to support implementation of the NSP?
The purpose of this guide

This guide provides easy to use information on the National HIV and AIDS and STI Strategic Plan for South Africa 2007-2011 (NSP). The guide focuses specifically on what the NSP means for children and families, and for the individuals and organisations that work with them – a constituency that has come to be known as the “Children's Sector”.

The Children's Sector was actively involved in the drafting of the NSP – many of the recommendations put forward by the sector are included in the plan. However, drafting the NSP is only the first step on a long journey.

The Children's Sector has an important role to play in implementing the plan and in monitoring service delivery – to make sure it keeps pace with need, and that it has the desired impact on children and families and those who support them. The Children's Sector also has a role to play in documenting and reflecting on experiences and lessons, so as to constantly improve on what we do and how we do it.

This guide may also be useful to other sectors of civil society (such as the Women's Sector, the Business Sector, the NGO Sector). It may help other sectors to see the relevance of their work to children, and highlight the need for them to consider children in the important work that they do.

We hope that this guide will encourage and enable you, the reader, to play your part in the implementation of the National Strategic Plan – through your words, your actions, your interactions with others, and through the choices you make in your personal life and in the work that you do.

This guide places children and their caregivers at the centre:

- it identifies the needs of children affected by HIV and AIDS and looks at what provisions the NSP makes to address these needs;
- it highlights some important gaps in the NSP; and
- it provides information on additional resources which may be helpful.
A note on the **NSP tables** included in this guide:

- **Targets**

  The NSP includes annual targets from 2007 to 2011 for each intervention. The tables presented in this guide include only the targets for 2008 and for 2011. The 2008 targets are included as a gauge of whether we are on track with service delivery – have we met these targets yet? The 2011 targets provide a sense of what we still need to do to succeed in the implementation of the NSP.

  Unfortunately, in some instances, the targets provided in the NSP are not clear. This is an issue that needs to be addressed.

- **Lead agency**

  All interventions listed in the tables include reference to a “lead agency”, as identified in the NSP. However, every intervention requires a collaborative response involving more than one department or sector. As such, the lead agency is simply noted as the agency primarily responsible for ensuring that delivery happens as per the agreed targets. It is not the only institution responsible for implementation.

A note on the **statistics** included in this guide:

Most of the statistics contained in this guide are from the **NSP 2007-2011** and therefore reflect the situation as of 2006, or earlier. Any additional sources used are referenced separately.

> If you are concerned about the impact of HIV and AIDS on children in South Africa, and you’d like to be part of a national response, then this guide is for you. “
### Some important terminology used in this guide

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accredited sites</td>
<td>Health facilities that meet required standards and have been accredited by the Department of Health to provide ARVs. All accredited sites are supposed to offer treatment for adults and children.</td>
</tr>
<tr>
<td>Adherence</td>
<td>The degree to which a client follows their treatment plan (including taking ARVs). Individual treatment plans are developed through consultation between the client and health worker.</td>
</tr>
<tr>
<td>AIDS mortality</td>
<td>Deaths related to AIDS.</td>
</tr>
<tr>
<td>Caregiver</td>
<td>The person who cares for the child. This term is used inclusively of biological, foster, and adoptive parents as well as persons who have taken on this responsibility without a legal process.</td>
</tr>
<tr>
<td>CD4 count</td>
<td>This is a marker used by doctors to determine how strong or weak a patient's immune system is.</td>
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<tr>
<td>Evaluation</td>
<td>Evaluation refers to activities which help to determine the value or worth of a specific intervention. Evaluations may include:</td>
</tr>
<tr>
<td></td>
<td>• Process-evaluations: assess the content, scope, coverage and quality of an intervention.</td>
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<tr>
<td></td>
<td>• Outcome-evaluations: assess whether the programme is having the desired short term outcomes, for example, behaviour change.</td>
</tr>
<tr>
<td></td>
<td>• Impact-evaluations: determine whether the programme has achieved its long term objectives, for example, reduction in HIV prevalence.</td>
</tr>
<tr>
<td>Exposed infants</td>
<td>Infants of unknown HIV status born to HIV-positive mother.</td>
</tr>
<tr>
<td>HIV incidence</td>
<td>Total number of people who are newly infected with HIV within a particular year. This can also be given as a percentage or as a rate.</td>
</tr>
<tr>
<td>HIV prevalence</td>
<td>Total number of people in an area living with HIV at a particular time. This can also be given as a percentage, i.e. number of people with HIV relative to the total number of people living in an area. It is then called a prevalence rate.</td>
</tr>
</tbody>
</table>
**Some important terminology used in this guide**

<table>
<thead>
<tr>
<th><strong>Indicators</strong></th>
<th>Indicators are selected markers which can be used to reflect change in a condition over time.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informed consent</strong></td>
<td>A process by which a client/parent/guardian/child over the age of 12 years agrees verbally or in writing to a medical procedure or test, after having received information on the procedure and understood that the procedure is in their best interests.</td>
</tr>
<tr>
<td><strong>Monitoring</strong></td>
<td>Monitoring is the routine tracking of important information on programmes and their intended outcomes.</td>
</tr>
<tr>
<td><strong>Mother-to-child transmission</strong></td>
<td>The transmission of HIV from mother to child in pregnancy, labour or breastfeeding. Mother-to-child transmission does not imply blame to the mother.</td>
</tr>
<tr>
<td><strong>NSP ECD Package</strong></td>
<td>Includes programmes to support: social competence; emotional wellbeing; physical and mental health; nutrition; recreation; intellectual development; independence; prevention of child abuse and neglect; psychosocial care and support; and referrals, for young children.</td>
</tr>
<tr>
<td><strong>NSP OVC Package</strong></td>
<td>Includes early identification of orphan and vulnerable children (OVC) and support with access to essential services, such as: identity documents; guardianship; succession planning; social security; education and health services. The package also recognises the basic rights of children to: shelter; food; clothing; parenting; psychosocial care and support; skills development; family or alternative care; legal protection; and protection from abuse.</td>
</tr>
<tr>
<td><strong>NSP Prevention Package</strong></td>
<td>Includes programmes and messages to: promote abstinence; delay sexual debut; encourage safer sex practices; provide information on HIV risks; decrease number of sexual partners and reduce concurrent relationships; address gender-based violence, coercive sex and intergenerational sex; promote male and female condom usage; improve STI recognition and management; deliver VCT; address alcohol and substance abuse.</td>
</tr>
</tbody>
</table>
### Some important terminology used in this guide

| NSP youth-friendly sexual and reproductive health service package | Includes training and sensitisation of health workers and community development workers; STI management; VCT and rapid testing; contraception; Termination of Pregnancy (TOP) referral; mental health services; reducing substance use; information and education campaigns; peer education; the provision of male and female condoms; and appropriate service hours in a youth/adolescent-friendly service environment. |
| Orphans and Vulnerable Children (OVC) | The term OVC is used to refer to children who are made vulnerable by HIV and AIDS. |
| Polymerase Chain Reaction (PCR) | An HIV test done on an infant less than 6 weeks of age. It should be repeated within 6 weeks to 3 months to confirm diagnosis. |
| Post Exposure Prophylaxis (PEP) | Treatment provided to children or adults who have recently (within the past 72 hours) been exposed to HIV, for example, children who have been sexually abused. If provided in time, PEP significantly reduces the risk of HIV transmission. |
| Prevention of Mother-to-Child Transmission (PMTCT) | PMTCT refers to any evidence-based intervention that reduces the chances of HIV being spread from an HIV-positive mother to her child. |
| Provider-Initiated Counselling and Testing (PICT) | HIV testing and counselling which is initiated and recommended by health-care providers as a routine procedure to all clients attending health care facilities. Clients must still provide informed consent. |
| Research | The systematic investigation of a particular issue or topic to gain knowledge and/or to enhance understanding. |
| Surveillance | Surveillance is the routine tracking of disease or behaviour using the same data collection system over time, for example, the antenatal survey. It helps us to understand if there is a change in the situation we are trying to address. |
You may want to refer back to this information as you read and use other sections of this guide.

AIDS    Acquired Immune Deficiency Syndrome
CBO     Community-Based Organisation
DOE     Department of Education
DOH     Department of Health
DOHA    Department of Home Affairs
DOJ &CD Department of Justice and Constitutional Development
DPLG    Department of Provincial and Local Government
DSD     Department of Social Development
ECD     Early Childhood Development (programmes and services)
HIV     Human Immunodeficiency Virus
IDU     Injecting Drug User
M&E     Monitoring and Evaluation
NGO     Non-Governmental Organisation
NPA     National Prosecuting Authority
NSP     HIV and AIDS and STI National Strategic Plan 2007-2011
OVC     Orphans and Vulnerable Children
PACs/PCAs Provincial AIDS Councils
PEP     Post Exposure Prophylaxis
PMTCT   Prevention of Mother-To-Child Transmission of HIV
SA      South Africa
SAHRC   South African Human Rights Commission
SANAC   South African National AIDS Council
STI     Sexually Transmitted Infections
TB      Tuberculosis
TOP     Termination of Pregnancy
VCT     Voluntary Counselling and Testing
1 Recognising the needs, rights and responsibilities of children

A child is a person under the age of 18 years.

There are about 19 million children in South Africa – representing almost half of the total population.

Children make up a very diverse group, with a wide spectrum of needs. However, all children in South Africa have the same rights and responsibilities which they acquire at particular ages.

For example (drawn from the 2008 edition of *Legal Guide to Age Thresholds for Children* published by the Centre for Child Law and Children’s Institute in Cape Town):

- All children between the ages of 7 and 15 years must attend school (and children are encouraged to remain in school until 18 years).
- At 16 years, children are considered by law to be capable and mature enough to consent to sex.
- From the age of 12 years, a child may access contraceptives, consent to an HIV test and give permission for disclosure of HIV status.
- A child of 12 years may also access and consent to medical and surgical treatment.
- A child of any age may consent to termination of pregnancy.
- Children of 16 years may consent to circumcision and virginity testing.
- From the age of 16 years, a child may be considered the head of a household, and may access a grant on behalf of the children in their care.
- Children below the age of 15 years may not be employed (except in the performing arts, under license).

“...The needs, rights and responsibilities of children must be considered in the design and delivery of services and support..."
"Considering children" means:

- Intervening as early as possible where children are at risk, in order to prevent irreversible impairment or harm to them.
- Considering vulnerabilities and capacities of children throughout their life-cycle, and especially risks to children that are age and gender specific.
- Recognising that children are dependent on adults for care and protection and that families raising children need to be supported.
- Making special provision to reach children who are particularly vulnerable and excluded, including refugee children, children with disabilities and those who can not access services.
- Adapting services where necessary to accommodate children, and to ensure that services do not have an adverse impact on children.
- Ensuring access for children to information and facilitating their involvement in decisions affecting them.
- Recognising that children are important contributors to our national response – they are as much a part of the solution as adults.

The information above was adapted from A Joint Statement on Advancing Child Sensitive Social Protection, published in 2008 by UNICEF.

"Children are important contributors to our national response - they are as much a part of the solution as adults."
2 How does HIV and AIDS affect children in South Africa?

Over 5.4 million South Africans are estimated to be living with HIV and AIDS. In mid 2006 there were close to 600,000 children and adults in SA who were “AIDS sick”. And in the same year, approximately 950 South Africans died every single day of AIDS-related deaths. Many of these were children. Others were mothers, fathers, aunts, uncles, grandparents – leaving millions of children deeply affected by illness and death.

Girls and women are especially vulnerable to HIV infection due to physical and socio-economic reasons – as an example, eight out of every ten youths who are living with HIV are female (girls are four times more likely to be HIV-positive than boys). High rates of HIV infection in girls and women have direct implications for children:

- HIV is passed on to children during pregnancy, delivery and breastfeeding.
- Women take on most of the responsibility for childcare so that when they are ill or die, children’s care is affected.

In order to address the needs of children, we also need to support and treat their caregivers!

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The importance of keeping parents and caregivers alive

Children are usually dependent on an adult caregiver to fulfil their rights (to care, food, shelter, ...) and to help them to access their rights to birth registration, education, health care, social security, and so on. The first line of protection for children is therefore provided by an adult, usually (and ideally) within the child’s family network.

Within the context of HIV and AIDS, unprecedented numbers of children face the risk of losing biological and social parents and other family members. It is therefore critical for children that greater efforts are made to keep adult caregivers alive and healthy, and to keep children in families or family-like environments.

All sectors of government and civil society have a role to play in this regard.
Prevalence rates in South Africa differ across provinces and between different communities in the same province. Rates of infection are highest in informal urban settlements, and HIV prevalence can be very high in these areas, even in provinces where overall prevalence is relatively low. As an example, HIV prevalence in the Western Cape (WC) is around 16% – the lowest in the country – yet prevalence in Khayelitsha, an informal urban settlement located in the WC, is over 30%.

It is important to know the extent of the epidemic in the area(s) in which you live or work, and to consider what this means for children and their caregivers.

HIV and AIDS affects all children in South Africa, but the impact is greatest in areas with high HIV prevalence. HIV and AIDS touches children’s lives in many ways:

- Children themselves may become infected through, for example, mother-to-child-transmission sexual abuse, unprotected sex with an HIV-infected partner, or through not taking the necessary precautions when caring for someone who is sick with AIDS.
- Children may be affected financially, physically, socially and emotionally as a result of the illness or death of caregivers, family members, friends and other peers.
- Children experience psychosocial impacts related to illness, death and bereavement in the family and household, and often have to deal with unresolved grieving.
- In HIV and AIDS affected households, children may take on adult responsibilities for domestic chores, childcare and household income. In some instances this may result in the child dropping out of school temporarily or permanently.
- The death of young adults also leaves fewer adult caregivers to provide for, care for and protect children, and to support one another in times of need.
- Poor households, already struggling to cope, take on responsibility for the care and support of others, stretching limited resources even further and impacting negatively on all children in the household.
- AIDS-related illness, death and burn-out of health and social service providers and educators impacts negatively on service access and delivery for children.
- And the impact of HIV and AIDS is exacerbated for especially vulnerable groups of children, such as children with disabilities; children living or working on the streets; refugee or displaced children; children born to teenage mothers (and teenage mothers themselves); children in residential care; children who have been abandoned; babies born in prison; children living in prison, detention or rehabilitation centres; and child headed households.
The impact of HIV and AIDS on children in South Africa is starkly illustrated in statistics presented in the NSP:

**Children living with HIV**

294,000 children below the age of 15 years were living with HIV in 2006, and over 1 million young people between 15 and 24 years were infected.

**Mother-to-child transmission**

6% of all children born in SA are infected with HIV during pregnancy, through birth or breastfeeding. This equates to approximately 64,000 babies every year.

**Increase in under-5 mortality**

In 1990, 65 out of every 1,000 children born in SA died before the age of 5 years. By 2006, this figure had increased to 75 deaths per 1,000 births.

**Decrease in life expectancy**

In 1990, a 15 year old had a 71% chance of surviving to the age of 60 years. In 2006, the likelihood of a 15 year old reaching the age of 60 dropped to 41%.

**Leading cause of death**

AIDS is the leading cause of death in 15-49 year olds, accounting for over 70% of all deaths in this age bracket in 2006.

**Orphanhood**

In 2006, South Africa had 990,000 maternal and double orphans as a result of AIDS. In that year alone, 300,000 children experienced the death of their mother.

It is important to know the extent of the epidemic in the area(s) in which you live or work, and to consider what this means for children and their caregivers.
What is our plan for dealing with HIV and AIDS?

South Africa’s HIV and AIDS and STI National Strategic Plan 2007-2011 (often referred to as the NSP) is the overall plan for working together as a country to address HIV and AIDS. The NSP is intended to be a dynamic document subject to regular review, and it will form the backbone of our national response until 2011.

The NSP was finalised in 2007 under the leadership of the South African National AIDS Council (SANAC). SANAC is the highest body informing government policy on HIV and AIDS and includes representatives from a range of different sectors of civil society. The Children’s Sector is one of 17 civil society sectors represented on SANAC, along with 8 different government departments.

The latest NSP draws on lessons from its predecessor (NSP 2000-2005), and was developed with considerable input from the various sectors on SANAC, including the Children’s Sector. It provides guidance to all government departments and sectors of civil society on what they should be doing to address HIV and AIDS.

The plan takes into account the nature and extent of the HIV and AIDS pandemic, developments in scientific and medical knowledge, as well as lessons learnt through the implementation of a range of interventions.

Notably, NSP 2007-2011 emphasises the importance of a more collaborative and holistic approach to addressing HIV and AIDS. It highlights the important role of all government departments and sectors of civil society in implementing a coherent, focused, country-wide strategy to prevent the spread and address the impact of HIV and AIDS.

The plan is, by necessity, ambitious. It outlines two overarching goals, to be achieved by 2011:

1. **To reduce the number of new HIV infections by 50%.**
2. **To provide an appropriate package of treatment, care and support to 80% of all people diagnosed with HIV, and their families.**
Interventions in the NSP are divided into **four priority areas:**

1. **Prevention**
2. **Treatment, care and support**
3. **Monitoring, research and surveillance**
4. **Human rights and access to justice**

The NSP is accompanied by a monitoring and evaluation framework that provides indicators for measuring achievements in each of these four areas.

“South Africa’s HIV and AIDS and STI National Strategic Plan 2007-2011 (often referred to as the NSP) is the overall plan for working together as a country to address HIV and AIDS.”
Implementation of the National Strategic Plan depends on each of us playing our part.

- **Good communication**
  is needed to share information on HIV and AIDS and on the NSP. Information should be targeted at children, families and service providers. You can start by sharing this booklet with colleagues, family and friends.

- **Services**
  are needed in every community (rural and urban) in South Africa, especially the poorest and most marginalised areas, to:
  - raise awareness around HIV and AIDS and increase understanding of its impact on children and families;
  - prevent the transmission of HIV;
  - curb stigma and discrimination;
  - encourage voluntary counselling and testing;
  - ensure access to quality health care, education, birth registration, social services, grants, and water and sanitation for affected children and families;
  - protect the inheritance, social insurance and property rights of widows, orphans and vulnerable children;
  - supplement government services, through home-based care, psychosocial support and other much needed community-based initiatives;
  - enhance the quality of services for children and families, through sensitisation of service providers and consideration of the special needs of young people.

- **Research**
  is required to identify the best solutions to the many challenges associated with HIV and AIDS. This research needs to be shared in accessible formats to make sure that research findings are used to improve services.

- **Monitoring and evaluation**
  is necessary to help us reflect on what we have achieved and to highlight issues that require more attention.
• **Advocacy**
  is needed to ensure that children's issues are considered in all decisions that are taken within the South African National AIDS Council and within government and civil society sectors.

• **Collaboration**
  is essential to ensure that limited resources are used effectively through partnerships that draw on the strengths of each sector.

• **Sharing of lessons and experiences**
  is necessary to improve what we do and how we do it. Individuals and organisations working with children and families need to share experiences of service challenges, successes and gaps.

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**If you’d like to share an experience with us or find out more about how you can help, e-mail catch@crc-sa.co.za**

Your information will be used by the Children's Sector representatives on SANAC, to inform debates and influence policies and decisions at the highest level of governance.

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“Individuals and organisations working with children and families need to share experiences of service challenges, successes and gaps.”
## What important principles guide implementation of the NSP?

<table>
<thead>
<tr>
<th>NSP Principle</th>
<th>What does this mean for the Children’s Sector?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NSP should be driven by South Africa's political leadership with the support of leaders from all sectors.</td>
<td>Children make up almost half of all people in SA. The Children's Sector has a key role to play in leading and strengthening the national response to HIV and AIDS.</td>
</tr>
<tr>
<td>Programmes should be informed and owned by communities and their leaders.</td>
<td>Community consultation is important in the design of programmes to address the needs of children and their families. This consultation should recognise and consider the views of children themselves, so as to ensure that programmes meet the needs of children and do not cause them further harm or trauma.</td>
</tr>
<tr>
<td>Clear and ongoing communication is an essential tool.</td>
<td>Organisations and individuals working with children should understand the provisions of the NSP and how it relates to their work. Communication, in appropriate formats, must also target children of various ages and young people to enable them to contribute meaningfully to the implementation and monitoring of the NSP.</td>
</tr>
<tr>
<td>Respect for the best interests of the child is paramount.</td>
<td>The needs and rights of children and of parents and other caregivers are at the forefront of all interventions for HIV prevention, treatment, care and support.</td>
</tr>
<tr>
<td>Young people are a priority group for HIV prevention.</td>
<td>All interventions should include a plan for reaching and involving young people.</td>
</tr>
<tr>
<td>Equality and non-discrimination are essential considerations for service delivery.</td>
<td>All children (including children living with HIV, children with disabilities, children of refugees, children living and/or working on the streets, children in trouble with the law, and children who have been orphaned or do not have adults caring for them) should have access to the services and support outlined in the NSP.</td>
</tr>
<tr>
<td>NSP Principle</td>
<td>What does this mean for the Children’s Sector?</td>
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<td>-------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Every individual in South Africa has a personal responsibility to address HIV and AIDS in their lives.</td>
<td>Every adult in South Africa must protect themselves and others from HIV infection, and must know their HIV status and seek appropriate treatment, care and support. Children also have both rights and responsibilities, and should be encouraged and enabled to exercise these.</td>
</tr>
<tr>
<td>Interventions should seek to strengthen health and social systems and organisational capacity.</td>
<td>The Children’s Sector has a role to play in helping to strengthen health and social systems, through training, technical support, supplementary services and good referral systems.</td>
</tr>
<tr>
<td>Financial sustainability for service providers is essential</td>
<td>The NSP states that no credible, evidence-based, costed HIV and AIDS and STI sector plan should go unfunded. Organisations providing services to children and families should have access to predictable and sustainable human, organisational and financial resources and support.</td>
</tr>
<tr>
<td>NSP interventions should complement and strengthen other developmental programmes.</td>
<td>The NSP affirms government and civil society programmes to ensure the realisation of the rights of children to education, health care, an adequate standard of living and social security. Children’s Sector organisations play a critical role in giving effect to these rights.</td>
</tr>
<tr>
<td>All interventions shall be subject to monitoring and evaluation.</td>
<td>Effective implementation depends largely on the quality of the information that is collected and reported from all sectors. The Children’s Sector has an important role to play in identifying key indicators and monitoring the implementation of the NSP for children. This includes community-based services, where simple mechanisms are needed to monitor service delivery on the ground.</td>
</tr>
</tbody>
</table>
## Addressing issues that place children at greater risk

There are several factors that put some children more at risk of being affected by HIV and AIDS than others. The NSP recognises this and makes recommendations for interventions to address these risk factors. In order to deliver effective services, it is important that we all take steps to address these risks for children.

<table>
<thead>
<tr>
<th><strong>Poverty</strong></th>
<th>Children living in poverty are more likely to be hungry or malnourished; to engage in risky transactional sex; to be living in overcrowded conditions; to be orphaned; to experience abuse; and to have poor access to medical and social services. Parents and caregivers living in poverty are subject to the same risks, directly affecting the children that they care for.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School drop out</strong></td>
<td>Caring and safe schools provide a protective environment for children, and can enable access for children to a range of other support and services. Conversely, school drop out is associated with increased risk of HIV infection. Keeping children in school, and strengthening schools as centres of care and support, is therefore an important strategy for reducing risk.</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Gender inequalities (and the widely-held perceptions that men/boys are entitled to control women/girls in a relationship) place girls at increased risk of violence, sexual abuse, disproportionate responsibility for the care of others, missed schooling and HIV infection. Conversely, gender stereotypes also mean that boys and men are frequently excluded from programmes that target carers. Also, boy children who experience sexual abuse and exploitation are often overlooked in strategies that aim to prevent and deal with sexual abuse.</td>
</tr>
<tr>
<td><strong>Drug/alcohol use</strong></td>
<td>Children and young people who use drugs and/or alcohol are at increased risk of HIV infection, and of infecting others. Drug and alcohol usage is also associated with increased violence and abuse against women and children.</td>
</tr>
</tbody>
</table>
Harmful practices
Every culture has practices and beliefs that help children, and some that hurt children. It is important to identify and build on practices that help children and to challenge and address practices that may be harmful. Cultural practices that may bring risk to children are those involving blood-letting, such as scarification or circumcision or invasive components in virginity testing, or other customs such as early marriage.

Stigma
All types of stigma and discrimination create a climate of intolerance. HIV and AIDS-related stigma discourages effective prevention, testing, treatment and disclosure. HIV-positive individuals may choose to hide their condition because of fear of rejection by others, and may continue to engage in risky sexual relations with unsuspecting partners. HIV-positive mothers may also struggle to comply with safe infant feeding practices for fear of alerting others to their status. In some instances, service providers can inadvertently worsen stigma for children and their families. In order to avoid this, careful thought needs to go into how services are designed and targeted.

"Some children are more at risk of being affected by HIV and AIDS than others."
What NSP interventions address the factors that place children at risk?

The National Strategic Plan includes several activities and targets aimed at addressing the risk factors described on the previous page. The table on the next page provides a summary of these activities and targets, as they appear in the NSP.

The activities listed in the NSP are intended to guide the national response, including the work of government and civil society. For each activity there is a target for service delivery.

When reading through the table, think about ways in which you can help South Africa to reach these targets.

“Caring and safe schools provide a protective environment for children, and can enable access for children to a range of other support and services.”
What NSP interventions address the factors that place children at risk?

The National Strategic Plan includes several activities and targets aimed at addressing the risk factors described on the previous page. The table on the next page provides a summary of these activities and targets, as they appear in the NSP.

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<table>
<thead>
<tr>
<th>NSP interventions to address risk factors</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Poverty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase the proportion of vulnerable children accessing social grants.</td>
<td>Child support grant</td>
<td>85%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Foster care grant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Care dependency grant</td>
</tr>
<tr>
<td></td>
<td>Educate communities and vulnerable groups about their rights and about how to access identity documents and social security.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensure easy access for women and children to birth and identity registration and social grants, through the Fast Track programme.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scale up access to government poverty alleviation programmes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introduce a sustainable income transfer system to poor families (including child-headed households).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensure equitable provision of basic social services (such as housing, water, sanitation, roads, health and education) especially in rural areas and urban informal settlements.</td>
<td></td>
</tr>
<tr>
<td><strong>School dropout</strong></td>
<td>Implement legislation, policies and programmes aimed at keeping young people in schools.</td>
<td></td>
</tr>
<tr>
<td>NSP interventions to address risk factors</td>
<td>Targets</td>
<td>Lead agency</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>School dropout</strong></td>
<td>Implement service delivery guidelines defining core services at local level for vulnerable children, including exemption from school fees.</td>
<td>40% districts</td>
</tr>
<tr>
<td><strong>Gender inequality</strong></td>
<td>Develop communication strategies to address coercive sex, gender power stereotypes and stigmatization of rape survivors.</td>
<td>Quarterly campaigns and ongoing</td>
</tr>
<tr>
<td></td>
<td>Roll out integrated microfinance and gender education interventions starting in the poorest and highest HIV burden areas.</td>
<td>4 per province</td>
</tr>
<tr>
<td><strong>Recreational drug use</strong></td>
<td>Integrate HIV prevention messages into existing campaigns to promote responsible alcohol consumption.</td>
<td>Quarterly campaigns</td>
</tr>
<tr>
<td></td>
<td>Introduce polices and programmes aimed at reducing recreational drug use among young people and ensure that HIV prevention messages are well integrated.</td>
<td>Develop and implementation (2007)</td>
</tr>
<tr>
<td></td>
<td>Establish public sector drug rehabilitation programmes in all provinces.</td>
<td>40 facilities</td>
</tr>
<tr>
<td><strong>Stigma and discrimination</strong></td>
<td>Support programmes that aim to develop HIV and AIDS knowledgeable and competent communities and families.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
### NSP interventions to address risk factors

<table>
<thead>
<tr>
<th>NSP interventions to address risk factors</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harmful cultural practices and beliefs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide information to the public on the risks of contracting HIV through unsafe traditional practices.</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Provide training and supplies to traditional healers / practitioners - to promote safe practices and infection control.</td>
<td>50% of traditional healers</td>
<td>80% of traditional healers</td>
</tr>
</tbody>
</table>
What can YOU do to help address risk factors for children?

• Be a role model in your personal and professional life.
• Look for opportunities within the work that you do to strengthen activities that address factors that place children at risk.
• Share information on the services that are available and help children and families to access these services.
• Integrate key messages from the NSP into your own communication campaigns.
• Monitor the quality of services for children and provide constructive feedback to help improve services where necessary.
• Ensure that your programmes and policies do not contribute to stigma and discrimination.
• Advocate for gaps to be addressed at whatever level is most relevant to you – for example, within the South African National AIDS Council, within Provincial AIDS Councils, within budget allocations, within provincial action plans or within your local community.
• Add your voice to the Children’s Sector call for an extension of the Child Support Grant to 18 years!

Can you think of other actions that you can take to address the factors that place children at risk? Jot them down here and share your ideas with colleagues and friends!

If you’d like to share an experience with us or find out more about how you can help, e-mail catch@crc-sa.co.za
Preventing HIV infection in children

“Prevention” refers to all activities that reduce the spread of HIV. Some of the specific terms used in this section are: NSP prevention package; NSP youth-friendly sexual and reproductive health service package; prevention of mother-to-child transmission (PMTCT); mother-to-child transmission; provider-initiated counselling and testing (PICT); informed consent; Post Exposure Prophylaxis (PEP). If you’d like an explanation of any of these terms, please refer to the terminology and acronyms listed on pages 7-10.

The vast majority of South Africans (over 88%) are HIV-negative. Good prevention programmes are important to ensure that:

- people who are HIV-negative remain that way; and
- people who are HIV-positive are not repeatedly re-infected, compromising their health.

Prevention of HIV infection in children and youth is a core priority of the NSP.

When looking at prevention for children, we need to consider all of the different ways in which children acquire HIV. Prevention programmes for children should address all of these “modes of transmission”.

“The vast majority of South Africans (over 88%) are HIV negative. Good prevention programmes are therefore essential to limit further infections.”
How do children get HIV?

**Mother-to-child transmission**

The HIV virus may be passed on to a child during pregnancy, during labour or through breastfeeding. If a mother is HIV-positive and receives no medical intervention to prevent transmission, there is a 25-30% chance that she will pass HIV on to her baby. If the mother receives the necessary treatment, the chances of the baby being infected with HIV can be reduced to less than 5%.

Mixed feeding (where a baby is breastfed and bottle-fed) and shared breastfeeding practices, greatly increase the risk of HIV-transmission in infants and should be avoided.

**Unprotected sexual intercourse**

The legal age for a person to consent to sex in SA is 16 years. Young people who have unprotected sex (do not use a condom) are at risk of getting HIV from their sexual partners. The younger a person is when they first have sex the more likely they are to get HIV. Having sex at a young age, and having multiple sexual partners, significantly increases the risk of HIV transmission. Furthermore, young people who have sexual partners five or more years older than themselves are at even greater risk of infection.

**Child sexual abuse**

Both boys and girls may get HIV through sexual abuse. Even if the abuse does not involve other types of violence, children are more likely than adults to get HIV if they are sexually abused. Children who are sexually abused by someone who is HIV-positive are at high risk of contracting HIV. This risk is increased if the abuse includes anal sex.

**Blood transfusion**

A child may become infected with HIV if s/he receives a transfusion of blood from a donor who is HIV-positive. The risk of transmission is high if donor and blood are not appropriately screened. However, with good screening processes, the risk can be minimised. Currently, risk of transmission through blood transfusions is approximately 1 in 400,000.
<table>
<thead>
<tr>
<th>Exposure to blood in health settings and emergencies</th>
<th>In health settings and emergency situations, HIV can be transmitted via blood on sharp instruments (such as needles) and through the re-use of contaminated instruments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to HIV with unsterilised sharp instruments</td>
<td>HIV infection may occur during some traditional practices when unsterilised sharp instruments (knives, blades, spears, horns) are used for scarification or circumcision.</td>
</tr>
<tr>
<td>Injecting drug use (IDU)</td>
<td>Injecting drug users may contract HIV from sharing needles. The extent of IDU in SA is not known.</td>
</tr>
<tr>
<td>Unsafe home care practices</td>
<td>Children who care for sick adults or siblings with HIV may be exposed to infected bodily fluids, placing them at risk of contracting HIV. The risk of transmission in this way is low, but it remains a risk. Many young people are unaware of universal precautions (ways of preventing transmission) or are unable to apply them as they do not have training or access to home care supplies such as gloves and disinfectant.</td>
</tr>
</tbody>
</table>

“Prevention of HIV infection in children and youth is a core priority of the NSP.”
What provisions does the NSP make to prevent HIV infection in children?

The National Strategic Plan includes several activities and targets aimed at preventing HIV transmission in children. The table on the next page provides a summary of these activities and targets, as they appear in the NSP.

The activities listed in the NSP are intended to guide the national response, including the work of government and civil society.

When reading through the table, think about ways in which you can help South Africa to reach these targets.

At the end of this section, on page 41, we have included more information on how you can help to save lives by supporting implementation of the Prevention of Mother-To-Child Transmission (PMTCT) programme.

“The younger a person is when they first have sex, the more likely they are to get HIV. Having sex at a young age significantly increases the risk of HIV transmission.”
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<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve access to child- and youth-friendly health services</td>
<td>Expand access to HIV testing outside of formal health care settings.</td>
<td>2008: 5 per district, 2011: 30 per district</td>
</tr>
<tr>
<td>Increase access to youth friendly health services in the public sector.</td>
<td>2008: 50% of districts, 2011: 100% of districts</td>
<td>DOH</td>
</tr>
<tr>
<td>Develop and distribute guidelines for health workers on child rights to VCT, confidentiality and disclosure.</td>
<td>2008: 60% health workers, 2011: 90% health workers</td>
<td>SANAC</td>
</tr>
<tr>
<td>Prevent mother-to-child transmission</td>
<td>Increase coverage of PMTCT</td>
<td></td>
</tr>
<tr>
<td>Increase the proportion of HIV-infected pregnant women in need who receive PMTCT services – with dual therapy to mother and child.</td>
<td>2008: 70% HIV-infected pregnant women in need, 2011: 95% HIV-infected pregnant women in need</td>
<td>DOH</td>
</tr>
<tr>
<td>Increase the proportion of public sector antenatal services providing PMTCT and create awareness of PMTCT for all pregnant women (including in the private sector).</td>
<td>2008: 95% services, 2011: 100% services</td>
<td>DOH</td>
</tr>
<tr>
<td>Increase the proportion of pregnant women tested through provider-initiated counseling and testing at first visit and third trimester (34 weeks) for all pregnant women and for all unbooked cases.</td>
<td>2008: 85% pregnant women tested, 2011: 95% pregnant women tested</td>
<td>DOH</td>
</tr>
<tr>
<td>Increase the proportion of facilities that meet quality standards for infant feeding counselling.</td>
<td>2008: 75% health facilities, 2011: 95% health facilities</td>
<td>DOH</td>
</tr>
</tbody>
</table>

The younger a person is when they first have sex, the more likely they are to get HIV. Having sex at a young age significantly increases the risk of HIV transmission.

What does the NSP mean for children?

A Children’s Sector Guide:

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<table>
<thead>
<tr>
<th>NSP interventions to prevent HIV transmission in children?</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent mother-to-child transmission</td>
<td>Increase coverage of PMTCT</td>
<td>Implement community based strategies to support HIV positive women during and after pregnancy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implement HIV prevention programmes for uninfected pregnant women.</td>
</tr>
<tr>
<td>Expand coverage of PMTCT services</td>
<td>Expand PMTCT guidelines to cover postnatal services including contraception, and services for mothers and infants beyond 6 weeks.</td>
<td>Annual</td>
</tr>
<tr>
<td></td>
<td>Provide nutritional support to HIV-infected women who exclusively breastfeed.</td>
<td>20% women covered</td>
</tr>
<tr>
<td></td>
<td>Provide formula milk to children of HIV-positive women who choose to practice replacement feeding, and who are eligible to do so.</td>
<td>45% children</td>
</tr>
<tr>
<td></td>
<td>Implement responsible fatherhood programmes in communities.</td>
<td>20% of health districts</td>
</tr>
<tr>
<td>Prevent HIV transmission through unprotected sex</td>
<td>Introduce, strengthen and evaluate life skills, sexual and reproductive health (SRH) education and HIV prevention programmes in all primary and secondary schools.</td>
<td>80% of institutions</td>
</tr>
</tbody>
</table>
## NSP interventions to prevent HIV transmission in children?

<table>
<thead>
<tr>
<th>Prevent HIV transmission through unprotected sex</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance training of teachers and NGOs to ensure quality delivery of lifeskills, SRH and HIV prevention programmes in schools.</td>
<td>30% training completed per district</td>
<td>DOE</td>
</tr>
<tr>
<td>Introduce, evaluate and customise behaviour change programmes for out-of-school youth, and for primary and secondary school children.</td>
<td>50% of districts</td>
<td>DOE</td>
</tr>
<tr>
<td>Identify interventions targeted at reducing HIV infection, and prioritise implementation in schools reporting high rates of teenage pregnancy.</td>
<td>Implemented in 50% of priority schools</td>
<td>DOE</td>
</tr>
<tr>
<td>Integrate safer sex practices, male and female condoms and STI management into all ARV treatment programmes.</td>
<td>60% of programmes</td>
<td>DOH</td>
</tr>
<tr>
<td>Evaluate, adapt and implement parenting programmes to promote positive engagement and communication with children on sexuality and HIV.</td>
<td>30% of districts</td>
<td>Social Cluster</td>
</tr>
<tr>
<td>Increase and co-ordinate multi media strategies aimed at youth that promote communication about HIV.</td>
<td>Quarterly campaigns</td>
<td>DOH</td>
</tr>
</tbody>
</table>
## NSP interventions to prevent HIV transmission in children?

<table>
<thead>
<tr>
<th>Prevention of HIV transmission</th>
<th>Activities targeted at health workers</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent HIV through child sexual abuse</td>
<td>Increase the proportion of health facilities offering the comprehensive package of sexual assault care in accordance with the national policy on sexual assault care.</td>
<td>60% of health facilities</td>
<td>DOH</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of facilities providing post sexual assault care that offer PEP to all survivors testing HIV negative.</td>
<td>50% of facilities</td>
<td>DOH</td>
</tr>
<tr>
<td></td>
<td>Ensure that the National Sexual Assault and Management Guidelines are passed and health workers trained on them, to support implementation in all districts.</td>
<td>60% of districts</td>
<td>DOH</td>
</tr>
<tr>
<td></td>
<td>Evaluate, improve and roll out training programmes on the management of gender violence and rape for the police.</td>
<td>30% of police force trained</td>
<td>DSD</td>
</tr>
<tr>
<td></td>
<td>Distribute guidelines on SAPS' responsibilities in terms of the National Sexual Assault Policy, and provide training to SAPS on the guidelines.</td>
<td>50% of facilities covered</td>
<td>DOJ</td>
</tr>
<tr>
<td>Prevent HIV through exposure to blood in health settings and emergency situations</td>
<td>Enforce implementation of infection control in all formal health care facilities.</td>
<td>100% health facilities</td>
<td>DOH</td>
</tr>
<tr>
<td></td>
<td>Ensure continuous supplies of PEP drugs in public and private sector facilities as well as in community-based settings.</td>
<td>90% supply of PEP drugs</td>
<td>DOH</td>
</tr>
<tr>
<td>NSP interventions to prevent HIV transmission in children?</td>
<td>Targets</td>
<td>Lead agency</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>---------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Prevent HIV transmission through blood transfusions</td>
<td>100% blood screened</td>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>Prevent HIV transmission through injecting drug use</td>
<td>Ongoing</td>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>Prevent HIV transmission through unsafe home care practices</td>
<td>Annual review of policy which was developed in 2007</td>
<td>DSD</td>
<td></td>
</tr>
<tr>
<td>Prevent HIV transmission through unsafe home care practices</td>
<td>40 facilities</td>
<td>DSD</td>
<td></td>
</tr>
<tr>
<td>Prevent HIV transmission through home care and palliative care settings</td>
<td>Annual</td>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>Prevent HIV transmission through home care and palliative care settings</td>
<td>80% HBC workers</td>
<td>DOH</td>
<td></td>
</tr>
</tbody>
</table>
Areas in the NSP that need to be strengthened

Several areas of prevention need to be strengthened beyond what is already mentioned in the NSP. These include:

- Reviewing the HIV and AIDS learning and teaching materials used in schools to address “HIV and AIDS boredom” among educators and learners.

- Supporting children who provide care to sick adults or siblings, including psychosocial support, relief and assistance in the application of universal precautions so as to prevent infection.

- Training health workers and community development workers on counselling of children who request or require an HIV test. At the age of 12 years (or younger if the child is sufficiently mature), a child may independently consent to an HIV test and to disclosure of their HIV status. Health workers need to be able to provide age-appropriate counselling and the necessary follow up support.

- Improving the response to children who present for termination of pregnancy and ensuring that all of these children are referred for counselling with regard to responsible sexual behaviour, contraception and emotional support.

- Recognising and supporting the important role of Early Childhood Development centres, home-based services and ECD practitioners in prevention of HIV-infection in children.

- Placing a greater emphasis on the role of community development workers in prevention.

- Initiating HIV-testing for all abandoned babies when the status and whereabouts of the mother are unknown.

- Developing and implementing a child-appropriate sexual assault policy, which includes measures to ensure that all children who disclose sexual abuse receive:
  - the medical care that they need in a child-sensitive and appropriate context (a child presenting at a medical facility after sexual assault should be treated as an emergency, with or without a Police Case number);
  - an assessment of their safety and protection needs, regardless of the outcome of their criminal justice process;
  - psycho-social therapy to address the immediate and long terms effects of abuse; and
  - ongoing monitoring and assessment where there is suspicion of further risk.

Organisations and individuals working with children should consider these additional areas of need when designing programmes.
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– the medical care that they need in a child-sensitive and appropriate context (a child presenting at a medical facility after sexual assault should be treated as an emergency, with or without a Police Case number);

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What can YOU do to help prevent HIV-infection in children?

• Be a role model in your personal and professional life.

• Look for opportunities to strengthen prevention activities within the work that you do.

• Share information in your community and among family, friends and peers on the services that are available, such as services for the Prevention of Mother-To-Child Transmission (PMTCT) – see the next page for more information – and services for the provision of post-exposure prophylaxis to child rape survivors.

• Help children and their parents or caregivers to access prevention services.

• Integrate key prevention messages from the NSP into your own communication campaigns.

• Monitor the quality of prevention services for children, and provide constructive feedback to help improve services where necessary.

• Ensure that prevention programmes and policies do not contribute to stigma and discrimination.

• Advocate for gaps in prevention services to be addressed. You can do advocacy at whatever level is most relevant to you – for example, within the South African National AIDS Council, within Provincial AIDS councils, within budget allocations, within provincial action plans or within your local community.

Can you think of other gaps in the NSP or other actions that you can take to help prevent HIV infection in children? Jot them down here and share your ideas with colleagues and friends!

If you’d like to share an experience with us or find out more about how you can help, e-mail catch@crc-sa.co.za
Push for PMTCT

Help save lives and improve the health of mothers and babies

Pregnant women, mothers of newborns and their infants, have special needs and require extra care from everyone. This is especially true in the case of women and infants who are HIV-positive. There are many things that can be done to help HIV-positive pregnant women, HIV-positive mothers of newborn babies, and HIV-exposed and infected infants. These activities are outlined in a national PMTCT policy. The policy has recently been improved and includes provision for better medicines for both mothers and babies. The policy will continue to be updated and improved as clinical knowledge develops and even better medicines become available.

Everyone in South Africa is being called upon to do what they can to support implementation of the PMTCT Policy. This is because HIV is the leading cause of death for women in pregnancy, for babies and for young children in South Africa. It is also a major cause of disability and illness in children.

Most young children living with HIV get infected before, during or shortly after birth. Without treatment, most of these HIV-positive babies die before their second birthday. For those who survive beyond two years, if they do not receive treatment, most will have some form of disability.

The PMTCT programme is designed to prevent death and disability in HIV-infected mothers and babies. The programme assists pregnant women with HIV to get the help that they need - for their own health and for the health of their babies. The PMTCT programme also provides opportunities to reach HIV-affected women, children and families with other interventions, including treatment, care, support and access to justice.

Information you need to know and share with others:

- Nearly all HIV transmission from mother to child can be prevented.
- When HIV transmission does occur, infected babies and children can be treated, and they usually respond well to treatment.
- Death and disability in infected children are preventable.
- If a child has already developed an HIV-related disability, assistance is available to manage this and to enable the child to reach their potential.
Push for PMTCT
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Pregnant women, mothers of newborns and their infants, have special needs and require extra care from everyone. This is especially true in the case of women and infants who are HIV-positive. There are many things that can be done to help HIV-positive pregnant women, HIV-positive mothers of newborn babies, and HIV-exposed and infected infants. These activities are outlined in a national PMTCT policy. The policy has recently been improved and includes provision for better medicines for both mothers and babies. The policy will continue to be updated and improved as clinical knowledge develops and even better medicines become available.

Everyone in South Africa is being called upon to do what they can to support implementation of the PMTCT Policy. This is because HIV is the leading cause of death for women in pregnancy, for babies and for young children in South Africa. It is also a major cause of disability and illness in children.

Most young children living with HIV get infected before, during or shortly after birth. Without treatment, most of these HIV-positive babies die before their second birthday. For those who survive beyond two years, if they do not receive treatment, most will have some form of disability.

The PMTCT programme is designed to prevent death and disability in HIV-infected mothers and babies. The programme assists pregnant women with HIV to get the help that they need - for their own health and for the health of their babies. The PMTCT programme also provides opportunities to reach HIV-affected women, children and families with other interventions, including treatment, care, support and access to justice.

Information you need to know and share with others:

- Nearly all HIV transmission from mother to child can be prevented.
- When HIV transmission does occur, infected babies and children can be treated, and they usually respond well to treatment.
- Death and disability in infected children are preventable.
- If a child has already developed an HIV-related disability, assistance is available to manage this and to enable the child to reach their potential.

What can YOU do? TAKE ACTION!

Most importantly – know your HIV status and encourage others to know theirs!

For yourself, your family, friends and community:
If you know someone who is pregnant (or if you yourself are pregnant), support them to:

- Visit the clinic before their 16th week (end of 4th month) of pregnancy.
- Get tested early in the pregnancy, and
  - if HIV-negative, get re-tested at about 32 weeks.
  - if HIV-positive, find out their CD4 count. If this is 200 or below, they should ask for treatment, called HAART (Highly Active Antiretroviral Therapy).
- Learn the danger signs to look for after delivery, and what to do if any of these signs appear.
- Choose one way to feed the infant – either breastfeed or formula feed but not both. Mixed feeding substantially increases the risk of HIV-transmission and must be avoided.
- Get babies tested for HIV with PCR at 6 weeks, and then again 6 weeks after they stop breastfeeding (if they choose to breastfeed).
- Get babies on treatment as soon as possible if the baby tests positive.
- Find out about home visits from community health workers in their area. Community health workers should visit mothers three times in the first two weeks after delivery, to provide support with maternal and newborn baby care.
- Ensure all children have their development monitored. If concerns arise about a child’s growth, language, interaction with others or movement, speak to a healthcare worker. If a child has a disability, there is help. Seek referral.
- Help with support groups and activities being organised by others around PMTCT.

In your workplace or organisation:

- Integrate learning on PMTCT into staff development.
- Support implementation of PMTCT programmes in communities and facilities where you work.
- Look for and use opportunities to link mothers and children with other essential services, such as birth registration, grants, social services and psycho-social support.

What does the NSP mean for children?
8 Treatment

**Note:** The NSP includes Treatment, Care and Support within the same overarching priority area (Priority Number 2). Given the importance of all three of these critical services for children, we have separated Treatment from Care and Support to ensure that each gets the attention and focus it deserves. In practice, however, it is important to link all three services to make sure that children and families are supported in an integrated and comprehensive way.

“**Treatment**” refers to medical interventions that seek to slow the progression of HIV in infected persons. Some of the specific terms used in this section are: exposed infants; CD4 count; accredited sites; adherence; Polymerase Chain Reaction (PCR). If you’d like an explanation of any of these terms, please refer to the terminology and acronyms listed on pages 7-10.

The impact of HIV on a person depends on many factors, including the age of the person, their general health, their access to nutritious food, and their lifestyle. Over time, the HIV Virus progresses from stage 1 (where the person may be healthy, with no signs of illness) to stage 4, when the person is said to have AIDS. Someone in stage 4 may be very sick, but their condition is reversible if they are treated in time.

It is especially important for children that they receive antiretroviral therapy early. Many children who acquire HIV progress very quickly from stage 1 to stage 4. Without treatment, more than 40% of children who are infected in infancy will die before their 1st birthday. Those that survive past their first year frequently develop moderate to severe physical and mental disabilities. It is therefore important to test and treat infants early.

A recent South African study, undertaken by Dr Avy Violari and Prof. Mark Cotton, showed that administering antiretroviral therapy (ART) to an HIV-positive infant immediately after diagnosis (rather than waiting for their CD4 count to drop or other symptoms to appear), reduces the chance of the child dying by 76%.

“Testing infants at risk of HIV as soon as possible, and treating infected children immediately, dramatically improves their chances of survival.”

---

What are the treatment–related needs of children?

- Access to free, quality health care in a child-friendly setting
- Appropriate, updated guidelines for the management of HIV in children
- Early diagnosis of HIV infection and regular monitoring of CD4 count
- The provision of antiretroviral therapy where indicated

Children who are living with HIV or who have been exposed to HIV require regular visits to health facilities. As such, easy access to free and quality health care facilities is essential. Health workers need to be appropriately trained and sensitised to provide services that are child-friendly.

Medical advances in HIV are constantly being made, and it is important that treatment programmes in South Africa keep pace with these developments so as to offer children the best possible chance of a long and healthy life.

Early diagnosis of HIV infection in children and regular health monitoring is important in order to ensure that children get the treatment necessary to prevent the rapid progression of HIV to AIDS.

Antiretroviral therapy is the only effective treatment to slow the progression of HIV in children. ARVs should be provided as part of a comprehensive package of care. Paediatric guidelines are available to assist health workers in the administration of ARVs to children.
According to figures in the NSP, as of mid 2006:

- There were 240,000 children under the age of 14 years in SA in stages 1, 2 and 3 of HIV progression.
- 27,000 children over 14 years were in stage 4, and were not on treatment.
- Another 25,300 were reportedly receiving ARVs.
- 1,500 children had discontinued treatment.

Clearly, better mechanisms are needed to get children on to treatment, and to make sure that they continue with their treatment.

### What are the treatment-related needs of children?

<table>
<thead>
<tr>
<th><strong>Access to free, quality health care in a child-friendly setting</strong></th>
<th>Children who are living with HIV or who have been exposed to HIV require regular visits to health facilities. As such, easy access to free and quality health care facilities is essential. Health workers need to be appropriately trained and sensitised to provide services that are child-friendly.</th>
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<tr>
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</tr>
</tbody>
</table>
HIV suppresses the immune system, making it difficult for the body to fight off other infections - commonly known as opportunistic infections. Opportunistic infections, such as pneumocystis pneumonia and TB can be deadly for an HIV-positive child. HIV-infected children require prophylaxis to prevent opportunistic infections from developing, and they need immediate treatment for opportunistic infections that do develop.

Children who do not take their medication as prescribed, or who prematurely discontinue their treatment, are at high risk.

Keeping caregivers alive and healthy is an essential element of a core package of services for children affected by HIV and AIDS.

“Antiretroviral therapy is the only effective treatment to slow the progression of HIV in children.”
What provisions are made in the NSP for the management of HIV in children?

The National Strategic Plan includes several activities and targets aimed at treating children and adults who are HIV-positive. The table on the next page provides a summary of these activities and targets, as they appear in the NSP.

The activities listed in the NSP are intended to guide the national response, including the work of government and civil society.

When reading through the table, think about ways in which you can help South Africa to reach these targets.

“Keeping caregivers alive and healthy is an essential element of a core package of services for children affected by HIV and AIDS.”
### NSP interventions for management and treatment of HIV in children

<table>
<thead>
<tr>
<th>NSP interventions</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ensure access to free, quality health care</strong></td>
<td>Exempt vulnerable children from health service fees.</td>
<td>40% districts</td>
</tr>
<tr>
<td></td>
<td>Build the capacity of health workers and managers to provide comprehensive care, treatment and support.</td>
<td>55% of primary health care staff</td>
</tr>
<tr>
<td><strong>Update guidelines for management</strong></td>
<td>Regularly review clinical guidelines for the management of infants, children and adolescents with HIV and AIDS.</td>
<td>Annually</td>
</tr>
<tr>
<td><strong>Ensure early diagnosis of HIV infection</strong></td>
<td>Implement provider-initiated testing of children of HIV-positive adults accessing services.</td>
<td>50% of facilities</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of facilities with immunisation services that offer tests (DNA PCR) for early infant diagnosis.</td>
<td>60% of immunisation facilities</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of exposed children tested with PCR by six months.</td>
<td>65% of exposed children</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of children tested for HIV who present with symptoms at health facilities (including TB).</td>
<td>65% of symptomatic children</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of children receiving CD4 test at time of diagnosis.</td>
<td>45% of children</td>
</tr>
</tbody>
</table>
### NSP interventions for management and treatment of HIV in children

<table>
<thead>
<tr>
<th>Promote early detection of disabilities</th>
<th>Increase the proportion of children with developmental delays who are identified and referred.</th>
<th>2008</th>
<th>2011</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>70% of children with developmental delays</td>
<td>90% of children with developmental delays</td>
<td>DOH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institute regular monitoring</th>
<th>Implement biannual developmental screening for all children &lt;5 years.</th>
<th>12% of children &lt;5 years</th>
<th>60% of children &lt;5 years</th>
<th>DOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve CD4 monitoring of TB/HIV co-infected children.</td>
<td>60% of co-infected children</td>
<td>100% of co-infected children</td>
<td>DOH</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide Antiretroviral Therapy to children</th>
<th>Increase the number of new children starting ART.</th>
<th>24,000 per annum</th>
<th>40,000 per annum</th>
<th>DOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>25% children starting ART</td>
<td>60% children starting ART</td>
<td>DOH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Increase the proportion of children starting ART in non-hospital based settings. | 10% | 50% | DOH |

| Increase the proportion of adolescent friendly ART facilities equipped to provide comprehensive treatment and support for HIV-positive adolescents. | 75% of HIV+ and exposed children | 100% of HIV and exposed children | DOH |

| Provide prophylaxis for opportunistic infections | Increase the proportion of HIV positive and exposed children receiving cotrimoxazole. | 75% of HIV+ and exposed children | 100% of HIV and exposed children | DOH |
### NSP interventions for management and treatment of HIV in children

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide prophylaxis for opportunistic infections</strong></td>
<td>Increase the proportion of children receiving cotrimoxazole at time of diagnosis.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>45% children at diagnosis 90% children at diagnosis</td>
<td>DOH</td>
</tr>
<tr>
<td><strong>Manage TB/HIV co-infection</strong></td>
<td>Screen children and adult TB patients for HIV.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>60% 90%</td>
<td>DOH</td>
</tr>
<tr>
<td></td>
<td>Improve CD4 monitoring of TB/HIV co-infected children.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>60% 100%</td>
<td>DOH</td>
</tr>
<tr>
<td><strong>Monitor and support adherence</strong></td>
<td>Actively trace people on ART who are more than a month late for a clinic / pharmacy appointment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70% of defaulters 85% of defaulters</td>
<td>DOH</td>
</tr>
<tr>
<td></td>
<td>Implement facility and community based adherence support strategies and programmes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>100% sub-districts 100% sub-districts</td>
<td>DOH</td>
</tr>
<tr>
<td><strong>Treat caregivers of children to keep them alive and healthy for as long as possible</strong></td>
<td>Increase the number of HIV positive pregnant women starting a comprehensive package of AIDS care, including ART.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>35,000 per annum 90,000 per annum</td>
<td>DOH</td>
</tr>
<tr>
<td></td>
<td>Increase the number of new adults starting ART.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>180,000 per annum (35% of new AIDS cases) 420,000 per annum (80% of new AIDS cases)</td>
<td>DOH</td>
</tr>
</tbody>
</table>
Issues in the NSP that need to be strengthened

Several treatment-related issues need to be strengthened beyond what is already mentioned in the NSP. These include:

- Ensuring that accredited sites provide treatment services for both adults and children and that children are not turned away.
- Providing services for mothers and babies together at treatment sites to avoid the necessity for multiple trips.
- Enhancing support to parents and caretakers of children on treatment, to ensure compliance with treatment regimes.
- Monitoring the nutritional status of infants on formula feeding (formula is often shared with others in the family who require nutritional support).
- The development of resources to assist with disclosure to children.

“Organisations and individuals working with children should consider these additional areas of need when designing programmes.”
### What can YOU do to ensure access to treatment for HIV-positive children?

- Be a role model in your personal and professional life.
- Look for opportunities to promote access to treatment in the work that you do.
- Participate in community-based ART promotion and treatment literacy, and community-based programmes to support adherence – especially for children.
- Share information in your community and among family, friends and peers on the services that are available.
- Help children and their parents or caregivers to access treatment and to adhere to treatment regimes.
- Monitor the quality of treatment services for children, and provide constructive feedback to help improve services where necessary.
- Ensure that treatment programmes and policies do not contribute to stigma and discrimination.
- Advocate for gaps in treatment services to be addressed. You can do advocacy at whatever level is most relevant to you – within the South African National AIDS Council, at Provincial AIDS Councils, within budget allocations, within provincial action plans or within your local community.

Can you think of other gaps in the NSP or other actions that you can take to help prevent HIV infection in children? Jot them down here and share your ideas with colleagues and friends!

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If you’d like to share an experience with us or find out more about how you can help, e-mail catch@crc-sa.co.za
Care and support

The term “care and support” is used to refer to a wide range of other (non-treatment) services provided to HIV-positive individuals and their families. Some of the specific terms used in this section are: exposed infants; NSP ECD Package; NSP OVC Package. If you’d like an explanation of any of these terms, please refer to the terminology and acronyms listed on pages 7-10.

What are the care and support needs of children affected by HIV and AIDS?

| Home-based care and support | For many sick children and adults, being cared for at home is either the most desirable option or the only option available (given the lack of health care services in some areas). Support for home-based health care by trained home-based carers with the necessary supplies is essential, especially in instances where children take on responsibility for the care of sick adults. Home-based care and support also refers to psychosocial support provided to households by community workers. |
| Paediatric palliative care | Palliative care for sick children, including pain and symptom management, prevents and relieves suffering and improves the child’s quality of life. Furthermore, palliative care for adults is important to relieve the burden of care often placed on children. |
| Nutritional/food support | Malnutrition in HIV-positive children significantly compounds the impact of the disease and hastens progression from stage 1 to stage 4 (AIDS). Optimum nutrition for HIV-infected children is imperative. The NSP recommended food support package includes: food parcels and nutritional supplements, food gardens, guidance on good nutritional practices, and enhancing household food security. |
| Protection from abuse | Protection from abuse includes early identification of potentially vulnerable children (through, for example, schools and health services), as well as the active and urgent intervention of social workers and police in the event of abuse. |
**Birth registration**

Birth registration is a fundamental human right and an essential means of protecting children. Especially within the context of HIV and AIDS, all births should be registered as soon as possible so as to avoid the complications faced by children who have been orphaned without having had their birth registered. Birth registration is essential for accessing other support, such as social grants and social insurance.

**Succession planning, guardianship and protection of inheritance**

Succession planning refers to activities which encourage parents to plan for the care of their children in the event of the parent’s death. Succession planning should include reference to guardianship and inheritance – to ensure that children who have been orphaned are cared for by the most appropriate adults and that their material and financial assets are protected.

**Provision of appropriate family or alternative care**

Most children who have been orphaned are cared for by extended family. Family support services are necessary to enable extended families to provide for the needs of these children. For those children who are not absorbed into extended families, alternative care may be necessary, including placement in foster care or appropriate residential care.

**Early Childhood Development (ECD)**

The long term social, educational, health and economic benefits of investing in the development of young children are well documented. ECD services play an essential role in supporting children and families.

**Psychosocial support and counseling**

Illness and death lead to grief and trauma. In the case of AIDS-related illness, experiences of grief and trauma for children may be exacerbated by the lengthy and progressively debilitating nature of the virus.

**Poverty relief**

HIV and AIDS places an increased financial burden on affected households, and simultaneously reduces household income earning capacity. Poverty relief may come in the form of social grants, public works programmes, housing subsidies, service fee exemptions, etc.
What provisions are made in the NSP for care and support of children and families?

The National Strategic Plan includes several activities and targets for the care and support of children and families. The table on the next page provides a summary of these activities and targets, as they appear in the NSP.

The activities listed in the NSP are intended to guide the national response, including the work of government and civil society.

When reading through the table, think about ways in which you can help South Africa to reach these targets.

“Most children who have been orphaned are cared for by extended family. Family support services are necessary to enable extended families to provide for the needs of these children.”
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<th>NSP interventions for the care and support of children</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide home-based care and support</strong></td>
<td>Increase the proportion of child-headed households receiving services of a community caregiver.</td>
<td>60% of CHH</td>
</tr>
<tr>
<td><strong>Ensure access to palliative care</strong></td>
<td>Provide a comprehensive package of palliative care to eligible children.</td>
<td>26,000 children</td>
</tr>
<tr>
<td><strong>Provide nutritional support</strong></td>
<td>Provide food support to eligible households.</td>
<td>450,000 households</td>
</tr>
<tr>
<td><strong>Ensure birth and death registration</strong></td>
<td>Increase the proportion of children obtaining vital documents such as birth and death registration.</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Provide psychosocial support and counselling</strong></td>
<td>Provide psychosocial support for children and adolescents including counseling for bereavement, disclosure, adherence and sexual aspirations.</td>
<td>20% of sub-districts</td>
</tr>
<tr>
<td></td>
<td>Increase the number of districts with accessible social and mental health services to support child and adult victims of gender-based violence.</td>
<td>40% of districts covered</td>
</tr>
</tbody>
</table>
### NSP interventions for the care and support of children

<table>
<thead>
<tr>
<th>Facilitate early identification of vulnerable children and assist with service access, including:</th>
<th>Develop and operationalise mechanisms to identify, track and link OVC and child-headed households to grants, benefits and social services at local levels.</th>
<th>2008</th>
<th>2011</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Succession planning, guardianship and protection of inheritance</td>
<td>Monitor implementation of the National Action Plan for OVC (2006-2008).</td>
<td>Annual report</td>
<td>Annual report</td>
<td>DSD</td>
</tr>
<tr>
<td>• Protection from abuse</td>
<td>Increase the number of sub-districts that have OVC response mechanisms, eg. childcare forums.</td>
<td>50% sub-districts</td>
<td>100% sub-districts</td>
<td>DSD</td>
</tr>
<tr>
<td>• Provision of appropriate family or alternative care for children who have been orphaned or abandoned</td>
<td>Develop and implement guidelines on the impact of HIV on the Master's Office and the running of deceased's estates, with a focus on women and children.</td>
<td>60% target group covered</td>
<td>95% target group covered</td>
<td>DOJ and CD</td>
</tr>
<tr>
<td>• Early childhood development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Services in the NSP that need to be strengthened

Several care and support-related services need to be strengthened beyond what is already mentioned in the NSP. These include:

- Strengthening psycho-social therapy for children exposed to abuse (including sexual abuse and domestic violence). Abuse in childhood can lead to early sexualisation and is a factor associated with sexual offending in adolescence and adulthood.
- Adapting programmes (in ECD services and schools) to accommodate learners who are ill and who may need longer periods of rest between activities, and careful nutrition planning.
- Expanding nutritional support for children and adults living in poverty.
- Ensuring access to contributory social insurance benefits (such as widows’ and orphans’ pensions) for households that have lost breadwinners. If a deceased breadwinner had contributed monthly to a pension or provident fund, his/her spouse and children may be eligible for a monthly pension and/or a lump sum payout. Thousands of widows and orphans are unable to claim benefits that are rightfully theirs. These beneficiaries need to be actively traced and assisted.

Organisations and individuals working with children should consider these additional areas of need when designing programmes.

"Ensure that care and support programmes and policies do not contribute to stigma and discrimination."
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- Organisations and individuals working with children should consider these additional areas of need when designing programmes.

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What can YOU do to ensure care and support for affected children and families?

- Be a role model in your personal and professional life.
- Look for opportunities to promote access to care and support in the work that you do.
- Share information in your community and among family, friends and peers on the services that are available and on requirements for access.
- Help children and their parents or caregivers to access these services.
- Monitor the quality of services for children, and provide constructive feedback to help improve services where necessary.
- Ensure that care and support programmes and policies do not contribute to stigma and discrimination.
- Advocate for gaps in care and support services to be addressed. You can do advocacy at whatever level is most relevant to you – within the South African National AIDS Council, at Provincial AIDS Councils, within budget allocations, within provincial action plans or within your local community.

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Human rights and access to justice is the fourth priority area of the NSP. The rights of children are enshrined in the South African Constitution, placing an obligation on the state to ensure access for children to a range of services and support. South Africa has also ratified international conventions including the United Nations Convention on the Rights of the Child. This places obligations on South Africa to fulfil, protect and promote these rights.

The table on the next page includes some NSP interventions which are particularly relevant to children.

Organisations and individuals working with children should utilise opportunities to inform policy and legislation to ensure that these documents reflect South Africa’s obligations to children.

“The rights of children are enshrined in the South African Constitution, placing an obligation on the state to ensure access for children to a range of services and support.”
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<tr>
<th>Human rights and access to justice interventions</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share information on child rights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop and distribute national guidelines and information materials on the rights of children to access to information, prevention, treatment, care and support.</td>
<td>50% of schools</td>
<td>80% of schools</td>
</tr>
<tr>
<td>Develop and distribute information on rights to HIV prevention, treatment and support that responds to the special needs of children with disabilities and of OVC including children in self-care.</td>
<td>Materials developed, approved in 2007, 40% of organised groups covered</td>
<td>80% of organised groups covered</td>
</tr>
<tr>
<td>Develop and distribute national guidelines on children and HIV in preschools.</td>
<td>70% of preschools</td>
<td>90% of preschools</td>
</tr>
<tr>
<td>Develop and distribute guidelines for health workers on child rights to VCT, confidentiality and disclosure.</td>
<td>Guidelines developed, distributed to 60% health workers</td>
<td>90% health workers</td>
</tr>
<tr>
<td>Develop a manual on human rights for people living with HIV and AIDS, including children.</td>
<td>50% Manual distributed with training</td>
<td>80%</td>
</tr>
<tr>
<td>Ensure access to recourse for rights violations</td>
<td>Develop a database and create a network of legal service providers that assist people with HIV and AIDS.</td>
<td>Database developed 10% assisted</td>
</tr>
</tbody>
</table>
What coverage has been achieved for prevention, treatment, care and support for children? Are there children that are not being effectively reached, and what are the major obstacles to reaching these groups? How can these obstacles be overcome? What financial, technical and human resources are available to support services for children and families? What additional resources are required to reach 2011 targets?

Research, monitoring, evaluation and surveillance are important parts of a service response to children. These activities provide us with information on which to make policy and programming decisions. They tell us how well we are doing and what else needs to be done. They provide valuable information which can be used to motivate for better services for children and greater support for service providers. In short, if something is measured, it gets noticed. If it is noticed, it is more likely to get done.

Some of the specific terms used in this section are: research; monitoring; evaluation; surveillance; indicators. If you’d like an explanation of any of these terms, please refer to the terminology and acronyms listed on pages 7-10.

The NSP includes specific activities to strengthen research, monitoring, evaluation and surveillance. In addition, the NSP monitoring and evaluation framework (finalised in 2007) presents a set of core indicators for monitoring the epidemic and the implementation of the NSP.

Baseline data on core indicators was due to have been collected by November 2007. A mid-term review of implementation of the NSP is due in 2009. Children’s Sector input into this review should answer the following questions:

A five-year review of the NSP will be conducted in 2011.

Some of the other research, monitoring and evaluation activities proposed in the NSP are presented in the table on the next page.

What can YOU do to ensure access to human rights and justice for affected children and families?

- Be a role model in your personal and professional life.
- Look for opportunities to promote human rights in the work that you do and ensure that the rights of children are upheld.
- Share information in your community and amongst family, friends and peers on rights and responsibilities that each of us have.
- Help children and their families to access their rights to treatment, care, support and justice.
- Use opportunities to inform policy, legislation and implementation plans, to ensure that these reflect South Africa’s obligations to children.
- Report rights violations to the appropriate authorities. If a child’s rights are being abused and you are unsure who to call, contact Childline on 08000 55555.
- Advocate for the rights of children and families to be addressed. You can do advocacy at whatever level is most relevant to you – within the South African National AIDS Council, at Provincial AIDS Councils, within budget allocations, within provincial action plans or within your local community.

Can you think of other gaps in the NSP or other actions that you can take to ensure access to human rights and justice for affected children and families? Jot them down here and share your ideas with colleagues and friends!

If you’d like to share an experience with us or find out more about how you can help, e-mail catch@crc-sa.co.za
Research, monitoring, evaluation and surveillance are important parts of a service response to children. These activities provide us with information on which to make policy and programming decisions. They tell us how well we are doing and what else needs to be done. They provide valuable information which can be used to motivate for better services for children and greater support for service providers. In short, if something is measured, it gets noticed. If it is noticed, it is more likely to get done!

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- What coverage has been achieved for prevention, treatment, care and support for children?
- Are there children that are not being effectively reached, and what are the major obstacles to reaching these groups?
- How can these obstacles be overcome?
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A five-year review of the NSP will be conducted in 2011.

Some of the other research, monitoring and evaluation activities proposed in the NSP are presented in the table on the next page.
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<thead>
<tr>
<th>Research, monitoring and evaluation</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Develop and support a research agenda</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support and monitor research to develop and implement HIV prevention technologies including male circumcision.</td>
<td>Annual Report</td>
<td>2008 SANAC M&amp;E Unit</td>
</tr>
<tr>
<td></td>
<td>Annual Report</td>
<td>2011 SANAC M&amp;E Unit</td>
</tr>
<tr>
<td>Promote collaboration between researchers and government to discuss and implement agreed research agenda.</td>
<td>Annual meetings</td>
<td>2008 SANAC</td>
</tr>
<tr>
<td></td>
<td>Annual meetings</td>
<td>2011 SANAC</td>
</tr>
<tr>
<td>Identify relevant operational research questions on the implementation of the NSP and provide support to research proposals.</td>
<td>5 studies commissioned as appropriate.</td>
<td>2008 SANAC M&amp;E Unit</td>
</tr>
<tr>
<td></td>
<td>New studies commissioned as appropriate. On-going feedback</td>
<td>2011 SANAC M&amp;E Unit</td>
</tr>
<tr>
<td>Conduct research on different models of community care and support.</td>
<td>5 studies commissioned as appropriate.</td>
<td>2008 SANAC M&amp;E Unit</td>
</tr>
<tr>
<td></td>
<td>New studies commissioned as appropriate. On-going feedback</td>
<td>2011 SANAC M&amp;E Unit</td>
</tr>
<tr>
<td>Convene multi-sectoral groups to facilitate policy and guideline research reviews in order to base policy on current scientific developments.</td>
<td>Periodic policy reviews after every 3 years and as necessary</td>
<td>2008 SANAC M&amp;E Unit</td>
</tr>
<tr>
<td></td>
<td>Periodic policy reviews after every 3 years and as necessary</td>
<td>2011 SANAC M&amp;E Unit</td>
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<tr>
<td>Research, monitoring and evaluation</td>
<td>Targets</td>
<td>Lead agency</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Develop and support a research agenda</strong></td>
<td>Identify provincial priority research areas, commission research and utilise relevant findings.</td>
<td>5 priority research questions per province identified and commissioned annually</td>
</tr>
<tr>
<td><strong>Strengthen monitoring and evaluation</strong></td>
<td>Improve the capacity of all sectors to collect and manage data.</td>
<td>Improved capacity in 20% of sectors</td>
</tr>
<tr>
<td><strong>Monitor core indicators.</strong></td>
<td></td>
<td>Collect baseline data Nov 2007</td>
</tr>
<tr>
<td><strong>Use M&amp;E data to identify barriers to implementation of the NSP.</strong></td>
<td></td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
The drafters of the NSP identified several priority research questions for which studies should be commissioned as of 2008. Responsibility for commissioning research lies with the SANAC M&E Unit. Priority research areas include:

- Operations research in support of implementation of the NSP.
- Research on different models of community care and support.
- Research to assess the human resources needed for the provision of community based care.
- Research on the cost effectiveness of different aspects of the NSP.

The NSP also calls on each sector to develop a monitoring and evaluation plan.

The Children’s Sector has developed a monitoring and evaluation (M&E) plan. Through this plan, the Sector will:

- Produce an annual scorecard on progress with a set of 10 key ‘dashboard’ indicators for children.
- Participate actively in M&E structures within SANAC.
- Identify priority research questions for children and commission the necessary research.
- Share information with Children’s Sector organisations on monitoring and evaluation.
- Provide input into the mid-term and five year reviews of the implementation of the NSP.

The NSP calls on each sector to develop a monitoring and evaluation plan.
Everyone can play a role in research, monitoring and evaluation, by:

- Documenting what you do, what works and what doesn’t.
- Identifying service gaps.
- Sharing this information with others.

Researchers, academics and policy makers can play a role by ensuring that:

- Targets for each indicator are clearly articulated, reasonable and measureable.
- The needs of children are considered in the design of research.
- Data is disaggregated by age, recognising the special needs of different age categories of children.
- Research findings are widely shared in accessible formats.

Can you think of other gaps in the NSP or other actions that you can take to play a role in research, monitoring and evaluation of the implementation of this plan for affected children and families? Jot them down here and share your ideas with colleagues and friends!

If you’d like to share an experience with us or find out more about the Children’s Sector M&E plan, e-mail catch@crc-sa.co.za
The NSP recognises the important role that civil society organisations play in the delivery of prevention, treatment, care and support for children and families affected by HIV and AIDS.

The plan states that no credible, evidence-based, costed HIV and AIDS and STI Sector plan should go unfunded. It recommends the provision of predictable and sustainable financial resources for the implementation of all interventions, and for pilot projects that provide the evidence to support scaled-up services.

Notably, the plan highlights an important role for schools, beyond just HIV prevention, to become centres of care and support for vulnerable learners.

While the plan recognises the importance of ECD, it focuses almost exclusively on ECD centres, neglecting home-based early childhood development services and programmes. These home-based services and programmes are particularly important in impoverished communities where ECD centres are scarce and/or unaffordable.

<table>
<thead>
<tr>
<th>NSP interventions to strengthen services</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the proportion of registered civil society organisations receiving support and mentoring.</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Enhance and support integrated prevention and care services provided by NGOs, CBOs and community support groups.</td>
<td>30% of organisations</td>
<td>DOH</td>
</tr>
<tr>
<td>Develop and implement guidelines for educational institutions to be sites of safety, protection and care for children and young people.</td>
<td>30% of educational institutions</td>
<td>DOE</td>
</tr>
<tr>
<td>Develop the capacity of schools, educators and early childhood development centres to provide psychosocial, educational and adherence support to children in need.</td>
<td>30% of schools</td>
<td>DOE</td>
</tr>
<tr>
<td>Recruit and train new community caregivers (including CHWs) with an emphasis on men.</td>
<td>15,000 (10% men)</td>
<td>DSD</td>
</tr>
<tr>
<td>Ensure that all community caregivers receive nationally determined stipends. (This has implications for budgeting for organisations that employ this level of worker.)</td>
<td>30,000 (20% men)</td>
<td>DSD</td>
</tr>
<tr>
<td>Develop standards and career pathways for community caregivers as mid-level workers according to NQF.</td>
<td>20% Community caregivers receive accredited training</td>
<td>DSD</td>
</tr>
<tr>
<td>Strengthen support, mentoring and supervision of community caregivers.</td>
<td>50% of DSD districts have plans</td>
<td>DSD</td>
</tr>
</tbody>
</table>

"No credible, evidence-based, costed HIV and AIDS and STI Sector plan should go unfunded."
The NSP recognises the important role that civil society organisations play in the delivery of prevention, treatment, care and support for children and families affected by HIV and AIDS. The plan states that no credible, evidence-based, costed HIV and AIDS and STI Sector plan should go unfunded. It recommends the provision of predictable and sustainable financial resources for the implementation of all interventions, and for pilot projects that provide the evidence to support scaled-up services.

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### NSP interventions to strengthen services

<table>
<thead>
<tr>
<th>Support NGOs and CBOs</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the proportion of registered civil society organisations receiving support and mentoring.</td>
<td>30% of organisations</td>
<td>DSD</td>
</tr>
<tr>
<td>Enhance and support integrated prevention and care services provided by NGOs, CBOs and community support groups.</td>
<td>Ongoing</td>
<td>DOH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strengthen support through schools and ECD centres</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and implement guidelines for educational institutions to be sites of safety, protection and care for children and young people.</td>
<td>30% educational institutions</td>
<td>DOE</td>
</tr>
<tr>
<td>Develop the capacity of schools, educators and early childhood development centres to provide psychosocial, educational and adherence support to children in need.</td>
<td>30% of schools</td>
<td>DOE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support community workers as part of the Expanded Public Works Programme</th>
<th>Targets</th>
<th>Lead agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruit and train new community caregivers (including CHWs) with an emphasis on men.</td>
<td>15,000 (10% men)</td>
<td>DSD</td>
</tr>
<tr>
<td>Ensure that all community caregivers receive nationally determined stipends. (This has implications for budgeting for organisations that employ this level of worker.)</td>
<td>30,000</td>
<td>DSD</td>
</tr>
<tr>
<td>Develop standards and career pathways for community caregivers as mid-level workers according to NQF.</td>
<td>20% Community caregivers receive accredited training</td>
<td>DSD</td>
</tr>
<tr>
<td>Strengthen support, mentoring and supervision of community caregivers.</td>
<td>All districts have plans</td>
<td>DSD</td>
</tr>
</tbody>
</table>
13 Structures in place to oversee implementation of the NSP

The National Strategic Plan is a multi-sectoral plan, calling on all sectors and levels of government to work together. In order to facilitate this, each government ministry has a focal person and team responsible for planning, budgeting, implementation and monitoring of HIV and AIDS interventions.

As mentioned previously, responsibility for overall co-ordination of the implementation of the NSP lies with the South African National AIDS Council (SANAC). The objectives of SANAC are to:

- Advise government on HIV, AIDS and STI policy, strategy and related matters.
- Create and strengthen partnerships for an expanded national response to HIV and AIDS in SA.
- Receive and disseminate all sectoral interventions to address HIV and AIDS, and consider challenges.
- Oversee continual monitoring and evaluation of all aspects of the NSP.

SANAC has two functional levels (see the table on the next page):

**Level 1** The SANAC Plenary includes representatives from different civil society sectors, various government departments, and representatives from the nine Provincial AIDS Councils. The civil society sectors represented at this level are as follows: Disability Sector; Labour Sector; Legal and Human Rights Sector; Men’s Sector; Sports and Entertainment Sector; Traditional Healers Sector; Sector of Health Professionals; Sector of Academics and Research Organisations; Women Sector; Youth Sector; Higher Education Sector; Religious Sector; Business Sector; Sector of organisations representing people living with HIV and AIDS; Children's Sector; Traditional Leaders Sector; NGO Sector.

**Level 2** Programme Implementation Committee (PIC) and the Resource Management Committee (RMC) appear at this level. The work of the PIC is characterised as the engine room of SANAC. It is structured into a main body which is divided into sub-committees or five technical task teams, TTTs. The following are the TTTs at time of print: Prevention, Treatment Care & Support, Human Rights & Access to Justice, Communication, Research Monitoring & Evaluation.
<table>
<thead>
<tr>
<th>SANAC</th>
<th>Name of structure</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL 1</td>
<td>SANAC Plenary</td>
<td>Includes representatives from 17 different civil society sectors, including the Children's Sector, and various government departments. Also includes representatives from the nine Provincial AIDS Councils.</td>
</tr>
</tbody>
</table>
| LEVEL 2   | • Programme Implementation Committees:  
  - Prevention  
  - Treatment, care and support  
  - Research, monitoring and evaluation  
  - Human rights  
  - Communications  
  • Resource Management Committee | Made up of technical experts in each of these fields.  
The Children's Sector has at least one representative on each of these important committees. For contact details of these representatives contact the Children's Sector Secretariat. |

**Relevant SANAC contact details**

**SANAC Secretariat:**  
At time of print the secretariat was moving to new offices and no contact information was available. Please refer to the website (www.sanac.org.za) for contact details.

**SANAC Deputy Chairperson:** Mark Heywood  
Office of the SANAC Deputy Chairperson  
c/o AIDS Law Project  
E-mail: sanacdeputy@alp.org.za  
Tel: 011 356 4100  
Fax: 011 339 4311
**Provincial-level structures**

SANAC has substructures at provincial level – called Provincial AIDS Councils (PAC or PCA). There are also provisions for District AIDS Councils and Local AIDS Councils. The level of establishment of these structures varies across provinces, districts, and municipalities. In order for these councils to be truly effective, there needs to be a focus on strengthening capacity and co-ordination and clarifying their roles and responsibilities.

<table>
<thead>
<tr>
<th>Province</th>
<th>Contact person</th>
<th>Contact no.</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Cape</td>
<td>Rev L Ntshingwa</td>
<td>043 642 3852</td>
<td><a href="mailto:lulama@ecac.org.za">lulama@ecac.org.za</a></td>
</tr>
<tr>
<td>Free State</td>
<td>Ms P Shai-Mhatu</td>
<td>051 408 1413</td>
<td><a href="mailto:mhatup@fshealth.gov.za">mhatup@fshealth.gov.za</a></td>
</tr>
<tr>
<td>Gauteng</td>
<td>Dr L Floyd</td>
<td>011 355 3394</td>
<td><a href="mailto:elizabethf@gpg.gov.za">elizabethf@gpg.gov.za</a></td>
</tr>
<tr>
<td>Kwazulu-Natal</td>
<td>Dr Ndlovu</td>
<td>033 341 4000</td>
<td><a href="mailto:ndlovuni@premier.kzntl.gov.za">ndlovuni@premier.kzntl.gov.za</a></td>
</tr>
<tr>
<td></td>
<td>N Mbeje</td>
<td>033 341 4766</td>
<td><a href="mailto:mbejen@premier.kzntl.gov.za">mbejen@premier.kzntl.gov.za</a></td>
</tr>
<tr>
<td>Limpopo</td>
<td>Dr Shilumani</td>
<td>015 290 9266</td>
<td><a href="mailto:luma@webmail.co.za">luma@webmail.co.za</a></td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>Dr S Zungu</td>
<td>013 766 3031</td>
<td><a href="mailto:pauleckm@social.mpu.gov.za">pauleckm@social.mpu.gov.za</a></td>
</tr>
<tr>
<td>Northern Cape</td>
<td>Ms N Mazibuko</td>
<td>053 830 0524</td>
<td><a href="mailto:nmazibuko@kbhsp.ncape.gov.za">nmazibuko@kbhsp.ncape.gov.za</a></td>
</tr>
<tr>
<td>North West</td>
<td>Mr T Mose</td>
<td>018 386 2465</td>
<td><a href="mailto:tlami@xnets.co.za">tlami@xnets.co.za</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:dineo@xnets.co.za">dineo@xnets.co.za</a></td>
</tr>
<tr>
<td>Western Cape</td>
<td>Mr J Ledwaba</td>
<td>021 483 3063</td>
<td><a href="mailto:jledwaba@pgwc.gov.za">jledwaba@pgwc.gov.za</a></td>
</tr>
<tr>
<td></td>
<td>Ms B Smuts</td>
<td>021 483 5751</td>
<td><a href="mailto:bsmuts@pgwc.gov.za">bsmuts@pgwc.gov.za</a></td>
</tr>
</tbody>
</table>

**Note:** These contact details, accurate at the time of printing (February 2009), are subject to frequent change.

For further information regarding your district and local AIDS councils, contact the relevant provincial council offices.
The Children's Sector

CATCH – the Children's Sector HIV and AIDS National Network – is a children's sector civil society network of networks representing thousands of organisations and individuals around the country working to address the impact of HIV and AIDS on children and families.

The Network has a formal structure including a Secretariat, an Executive and a Working Group:

• The Secretariat's role is to ensure the overall smooth and effective functioning of the children's sector network. The secretariat is currently housed within the Children's Rights Centre.

• The Executive's role is to provide strategic and operational leadership to the children's sector network and represent the Children's Sector on the SANAC plenary level.

• The Working Group's role is to support the activities and decision-making processes of the children's sector network and ensure that views of the children's sector are reflected in SANAC. The members also represent children's issues on various other national SANAC structures and committees.

The Children's Sector HIV and AIDS National Network was formed in 2003 after a call from the Children's Rights Centre for better representation of children's issues on SANAC. The founding members included ACESS, Childline-SA, CINDI, Soul City, Idasa, SASPCAN, TAC, and Lawyers for Human Rights, among others.

Consultation is undertaken on a regular basis with members around emerging issues.

For further information regarding the Network, raising issues within SANAC, Children's Sector representatives, or membership, please contact:

**CATCH – the Children's Sector HIV and AIDS National Network**

Secretariat housed at **Children's Rights Centre**

Tel: 031 307 6075
Fax: 031 307 6074
E-mail: catch@crc-sa.co.za
Website: www.crc-sa.co.za
There are many resources out there to support service delivery to children and families. This section provides details of a few of these:

<table>
<thead>
<tr>
<th>Name of resource</th>
<th>Brief description</th>
<th>Where to get a copy</th>
</tr>
</thead>
<tbody>
<tr>
<td>My family and HIV and AIDS</td>
<td>ELRU Masithethe series Handbook for health workers, community development workers, family and community motivators presented in a participatory problem solving format which encourages people to talk about key issues building on their own knowledge, beliefs and practices. Available in English, Afrikaans and Xhosa.</td>
<td>Early Learning Resource Unit (ELRU) Tel: 021 762 7500 <a href="http://www.elru.co.za">www.elru.co.za</a> E-mail: <a href="mailto:info@elru.co.za">info@elru.co.za</a> Address: 19 Flamingo Crescent, Lansdowne, Cape Town 7702</td>
</tr>
<tr>
<td>How to Build a Caring School Community</td>
<td>This Handbook/CDRom is a guide to mobilising role-players to protect child rights through building caring school communities.</td>
<td>Available from the Children's Institute Tel: 021 689 5404 <a href="http://www.ci.org.za">www.ci.org.za</a></td>
</tr>
</tbody>
</table>

What can YOU do to ensure that children's issues are represented?

- Make sure that children's issues are addressed at AIDS Council meetings.
- Make sure that the Children's Sector is represented on your Provincial AIDS Council.
- Hold your representatives on the various structures accountable.
- Share your challenges and successes with the Children's Sector Secretariat. They will be able to feed your input into SANAC debates and processes.

Can you think of other ways to ensure that children's issues are addressed through AIDS Councils? Jot them down here and share your ideas with colleagues and friends!

If you'd like to share an experience with us or find out more about how you can help, e-mail catch@crc-sa.co.za
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www.elru.co.za  
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| **How to Build a Caring School Community** | This Handbook/CDRom is a guide to mobilising role-players to protect child rights through building caring school communities. | Available from the Children's Institute  
Tel: 021 689 5404  
www.ci.org.za |
| **Guidelines for the Management of HIV-infected Children: Caring together for life** | Based on the recommendations by WHO, the document provides guidance to clinicians, medical and health care workers who administer ARV treatment to children. | National Department of Health  
Website: www.doh.gov.za  
Private Bag X828, Pretoria 0001 |

What does the NSP mean for children?

If you'd like to share an experience with us or find out more about how you can help, e-mail catch@crc-sa.co.za
**Name of resource**  
**ELRU Masithethe series** - Titles include:  
- Toolkit for Family and Community Motivators  
- You are the child's first teacher  
- How baby learns  
- My family and HIV and AIDS  
- Food for life  
- Meeting children's needs, building a culture of children's rights

**Brief description**  
Encourages people to talk about issues using pictures to aid discussion. Available in English, Xhosa and Afrikaans.

**Where to get a copy**  
Early Learning Resource Unit (ELRU)  
Tel: 021 7627500  
www.elru.co.za  
E-mail: info@elru.co.za  
Address: 19 Flamingo Crescent, Lansdowne, Cape Town 7702

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**Name of resource**  
**The Children Living Positively Series** - Titles include:  
- My Living Positively Handbook  
- Helping Children Living with HIV  
- You and Your Child with HIV—Living Positively

**Brief description**  
A collection of publications designed to encourage and support children living with HIV and AIDS and their caregivers to learn about their illness and treatment and be partners in their own healthcare. Most of these are currently available in English, Zulu, and Xhosa.

**Where to get a copy**  
Children's Rights Centre  
Tel: (031) 307 6075/6  
E-mail: nomsa@crc-sa.co.za  
www.crc-sa.co.za  
Address: 1st Floor, 480 Smith Street, Durban

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**Name of resource**  
**National and Provincial Strategies on Child Protection**

**Brief description**  
Sets out the responses from all involved sectors that address the prevention and management of all forms of abuse.

**Where to get a copy**  
National Department of Social Development  
Tel: (012) 312 7500/7653  
http://www.dsd.gov.za
<table>
<thead>
<tr>
<th>Name of resource</th>
<th>Brief description</th>
<th>Where to get a copy</th>
</tr>
</thead>
</table>
| **PMTCT Policy Guidelines February 2008** | These guidelines address four stages of intervention: primary prevention; antenatal activities; labour and delivery activities; and post-natal activities. | National Department of Health  
Private Bag X828  
Pretoria 0001  
Website: www.doh.gov.za  
| **AIDS and the Law** | A resource manual that aims to explain what the Bill of Rights mean to people living with HIV and AIDS. | AIDS Law Project  
Tel: 011 717 8600  
E-mail: alpdm@wits.ac.za  
www.alp.org.za  
Address: Centre for Applied Legal Studies, Wits University, Johannesburg |
| **Learning in Action: Monitoring and evaluating community based projects** – Handbook on Monitoring and Evaluation for the CINDI Network | User-friendly handbook that promotes an understanding of M&E concepts and processes. A useful tool for people running or wanting to start community based projects. | Children in Distress (CINDI)  
Tel: 033 345 7994  
E-mail: info@cindi.org.za  
www.cindi.org.za  
Address: 55 Jabu Ndlovu Street, Pietermaritzburg, 3200 |
<table>
<thead>
<tr>
<th>Name of resource</th>
<th><strong>Pocket version of the NSP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief description</td>
<td>A shortened, easy-to-read version of the NSP</td>
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</tbody>
</table>
| Where to get a copy | South African National AIDS Council (SANAC)  
Website: www.sanac.gov.za |

<table>
<thead>
<tr>
<th>Name of resource</th>
<th><strong>A rapid review of Co-operative Governance structures relevant to children in South Africa</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief description</td>
<td>The review collates information on co-operative governance structures (structures involving a minimum of three different government departments) which address key issues of relevance to children, including child rights, childcare and protection, health, education, social security, early childhood development, HIV and AIDS, disability, child justice and water and sanitation.</td>
</tr>
</tbody>
</table>
| Where to get a copy | Alliance for Children’s Entitlement to Social Security  
Tel: 021 761 0177  
Fax: 021 761 4938  
E-mail: info@access.org.za  
Website: www.access.org.za  
Address: Office 1, Suite 1, First Floor, Gabriel Place, Corner of Gabriel and Main Road, Plumstead |

<table>
<thead>
<tr>
<th>Name of resource</th>
<th><strong>What to do when you or someone you know has been sexually abused</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief description</td>
<td>Provides information on what to do if you suspect sexual abuse or if you have experienced sexual abuse. The resource includes contact details of people who can assist such as Childline, Lifeline/Rape Crisis and Crime Stop.</td>
</tr>
</tbody>
</table>
| Where to get a copy | Children in Distress Network (CINDI)  
Tel: 033 345 7994  
E-mail: info@cindi.org.za  
www.cindi.org.za  
Address: 55 Jabu Ndlovu Street, Pietermaritzburg, 3200 |