



**SWAZILAND NATIONAL
STRATEGIC PLAN FOR HIV/AIDS**

2000 - 2005

**Prepared By
HIV/AIDS Crisis Management And
Technical Committee**

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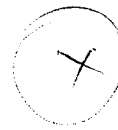
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CHRISTABEL JABU MOTSA
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LIST OF ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
FLAS	-	Family Life Association of Swaziland
IMR	-	Infant Mortality Rates
HIV	-	Human Immune Virus
MOE	-	Ministry of Education
MOH & SW	-	Ministry of Health and Social Welfare
NGO	-	Non-Governmental Organisations
SASO	-	Swaziland AIDS Support Organisation
SNAP	-	Swaziland National AIDS Programme
SHAPE	-	School Health HIV/AIDS and Population Education
STD	-	Sexual Transmitted Diseases
TB	-	Tuberculosis
CMTCC	-	Crisis Management and Technical Committee
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
TASC	-	The Swaziland AIDS Support Centre
CBO	-	Community Based Organisations
PLWHA	-	People Living With HIV/AIDS
WHO	-	World Health Organisation
TOR	-	Terms Of Reference
IEC	-	Information Education Communication
UNDP	-	United Nations Development Programme
SFTU	-	Swaziland Federation of Trade Unions
SFL	-	Swaziland Federation of Labour
SFE	-	Swaziland Federation of Employers
CANGO	-	Co-ordinating Assembly of Non Governmental Organisations
SNALA	-	Swaziland National Association of Local Authorities
SNAT	-	Swaziland National Association of Teachers
UNFPA	-	United Nation Fund Population Affairs
VCT	-	Voluntary Counselling and Testing
THO	-	Traditional Healers Organisation
SRH	-	Sexual Reproductive Health

EXECUTIVE SUMMARY



With remarkable speed, the HIV/AIDS epidemic swept across the world during the decade of the 1990s, and the countries of southern Africa have been hardest hit. Swaziland is among the five countries worst affected. About one in three women attending antenatal clinics tested HIV positive during surveillance studies. With an estimated HIV prevalence above 22 percent, among adults aged 15 and over, it is likely that at least 115,000 persons are HIV positive in Swaziland today. By some estimates, over 50,000 adults and children in Swaziland have already died of AIDS by the beginning of the year 2000, leaving behind 35,000 AIDS orphans. Infection rates are particularly high among young women aged 20-29 and among young men up to age 39. In the continuing absence of any cure for HIV/AIDS, problems will be compounded in the coming decade, as the large numbers of people infected with the HIV virus during the 1990s succumb to AIDS.

Swaziland has had a National AIDS programme since 1987, with many initiatives underway since that time, by both Government, Non Governmental, CBOs and Business sectors. In February 1999, in the face of burgeoning statistics of illness and deaths that were increasingly affecting every family, the Head of State of Swaziland, His Majesty King Mswati III, declared HIV/AIDS to be a national disaster. In April 1999 the Government of Swaziland established a new structure for responding to the epidemic with the formation of an HIV/AIDS Cabinet Committee and an intersectoral HIV/AIDS Crisis Management and Technical Committee, under the office of the Deputy Prime Minister.

The CMTC, in consultation with a wide range of stakeholders, has developed the National Strategic Plan for HIV/AIDS, 2000-2005. The proposals and approaches outlined in this plan reflect the call to the nation issued by His Majesty King Mswati III, in His speech during the official opening of Parliament on 9th February 2000. ^{in Parliamentary Session}

He called for all to recognise their individual roles and responsibilities in the solution of the problems of HIV/AIDS, in particular:



To be aware of the problem, “educate each other in the characteristics of the disease and how to avoid it, and then take the necessary measures to ensure that we do not become infected or be carriers in our turn.”

To make the response a truly national effort with elected representatives, chiefs, tindvuna and other leaders “involved at every stage to steer communities along the right path in regard to the crisis, and to seek all support possible to help people safely through the disaster.”

To embrace “a culture of compassion towards those who have contracted the disease, and not to treat them as outcasts from community life,” giving those who have the disease the support and confidence to carry on living useful lives, and to help spread the message of hope amongst our people.”

In addition, a National HIV/AIDS ^{consultative} (Inhlabamkhosi Ngembulalave Eswatini) Consultative Meeting was ^{held at the behest of} called by His Majesty the King, for all sectors including traditional leadership structure and donor agencies, to develop strategies of combating HIV/AIDS. Therefore its goal is to reduce the incidence of HIV/AIDS in Swaziland, and to mitigate the impact of the epidemic on those already infected with HIV, as well as on the affected individuals, families and communities who are close to them. It is formulated in a spirit of hope, and recognition that while the nation has been deeply affected by HIV/AIDS, and will continue to be so for many years, the vast majority of Swazis, including nearly all of the 415,000 Swazis under the age of 15, are HIV negative. When?

The Strategic plan seeks to provide a guiding framework for a multi-sectoral, national response, which particularly addresses three critical areas of concern of **Risk Reduction, Response Management, and Impact Mitigation.**

Risk Reduction: The epidemic continues to spread unabated, with the highest rates of new infections occurring among young people, especially girls aged 15-29, and infection of young men occurring at slightly later age. Reduction of risks include: Communication for behaviour change using all possible channels including mass media, extension workers, religious organisations and indigenous cultural institutions.

Action to ensure 100 percent safety of blood supply and blood products for transfusion.

Special initiatives targeted to children and youth, through clubs, sports and cultural activities, in-school and out-of-school training and life skills education, and youth-to-youth peer education activities.

Research, development and implementation of policies and programmes to prevent Mother-to-Child transmission of HIV.

Workplace initiatives to educate employees and employers on HIV/AIDS prevention, encourage voluntary counselling and testing, and to develop policies and legislation to protect the infected and affected.

Mobilisation and building of capacities for community responses, using the decentralised structures of government, community based organisations, and extension workers to influence behaviour for reducing HIV transmission.

Establishing systems and social marketing to ensure that affordable, high quality condoms are available where needed, when needed, at an affordable price.

Response Management: Medical care systems are already overwhelmed with patients suffering from AIDS related illnesses. The number of such persons will continue to expand rapidly over the coming few years, whatever our success now with prevention, because such a large number of persons are already infected. The strategic plan promotes an effective, compassionate response that will encompass:

Providing a continuum of care and support, treatment and counselling to those infected and affected, with improved clinical management and prevention of AIDS-related opportunistic infections, capacity building for home-based care and strengthened referral systems between community and modern health systems, and establishment of a strong network for voluntary counselling and testing services;

Improving research, survey and surveillance capacities and activities as well as sharing of information, regarding the epidemiology of the disease, its causes and impact.

Strengthening support to people living with HIV/AIDS, in the form of information and encouragement for healthy living such as balanced diet and nutrition, promoting growing of nutritional herbs, legumes and vegetables, and improved sanitation and hygiene.

Strengthening the linkages between traditional and modern health care systems, with studies and research on traditional medicinal plant use, and improving accessibility to such plants through increased production.

Reducing the prevalence of sexually transmitted diseases through better surveillance and research, enhanced access to syndromic management and control of STDs through strengthening community-level involvement, mobilisation and building capacity of private practitioners and traditional healers.

Impact Mitigation: The HIV/AIDS epidemic has reached such a stage, affecting nearly every family and all the institutions of the society and the economy of Swaziland. Serious demographic, economic, social, cultural and spiritual impact can be foreseen for the coming two to three decades. The "Impact Mitigation" section of the Strategic Plan seeks to foresee the potentials for negative impact on the well being of the Swazi people and their institutions, and to take a proactive approach to minimise foreseeable negative impacts, and to seize opportunities to turn risks and fears into opportunities and new hopes for the future. Specific areas for action include:

Developing policies and legislation that address the HIV/AIDS issues, including to identify and change laws and policies that increase risks of HIV spread, review and adapt laws which are endangering the welfare of widows and orphans, and enact laws to protect vulnerable groups.

Developing policies and programmes to ensure that orphans are registered and monitored, that basic needs are met, rights to education and care are realised, and that they are protected from risks of exploitation and abuse.

Ensuring the employment sector retains a healthy and productive workforce, by preparing for higher turnover of employees, and strengthening training, redeployment and multi-skilling policies and programmes.

Ensuring provision of affordable, accessible health services at all levels, for example by increasing training intake for health workers, strengthening counselling and support to health workers, and ensuring application of universal precautions in their work, enhanced use of semi-professionals, and subsidising drugs.

Strengthening social sector programmes such as capacity building for community level support groups, people living with AIDS and all caregivers, and the linkage of poverty alleviation initiatives to such efforts.

Reducing the impact of HIV/AIDS on the education sector including increased teacher intake, expanded counselling services, improved support to teachers and their families, integration of HIV/AIDS and gender issues in curricula, development of policies and programmes for waiver of school fees of orphans and disadvantaged children.

Developing an overall co-ordinated public sector response to address impact of the epidemic on human resources, through training, policies for retaining of personnel, multi-skilling, and succession planning, recording employee absence, and developing a human resources master plan.

Reducing stigmatisation of people living with AIDS, and promoting counselling and voluntary testing, including building the capacity of PLWHAs to promote the concept of positive living.

Responsibility to operationalise and implement these broad strategies cut across a wide range of Governmental and non-Governmental institutions, the private sector, international organisations and donors. An appendix to the strategic plan outlines minimum roles and responsibilities that have been identified by a number of those institutions, which have been involved in the strategic planning, exercise. It is expected that additional groups will also become involved.

The response to HIV/AIDS is the responsibility of every individual, and every institution. Some sectors have more onerous and wide-ranging responsibilities, for example the Ministry of Health and Social Welfare, which has key roles in the whole range of initiatives relating to care for the HIV infected as well those affected; and the Ministry of Education and Home Affairs which will play a critical role in socialising young people, and ensuring they have the knowledge and life-skills they need to protect themselves. All sectors, forces, associations, civil organisations, religious organisations, traditional healers, community leaders, and individuals have their parts to play, not just in serving their own staff and associates, but also in helping to carry the message of responsibility, care, compassion and hope to the society.



Responsibility for co-ordination of that multi-sectoral, society-wide effort lies with the HIV/AIDS Crisis Management and Technical Committee, under the office of the Deputy Prime Minister. The CMTC Secretariat provides the day-to-day management for the co-ordination of the national response, and of the resource mobilisation efforts for that response. The monitoring and evaluation of the national response is also assigned to the CMTC Secretariat. Details of the organisational structure of the CMTC and its Secretariat are outlined in chapter 5 and the framework for monitoring and evaluation is outlined in chapter 6.

Since the declaration of HIV/AIDS as a national disaster in February 1999, Swaziland has seen tremendous advances in recognition of the impact of HIV/AIDS, in the will to do something about it, and in the understanding of what needs to be done. A wide range of stakeholders have given their time, energy and creativity, to assist the CMTC in the formulation of this Strategic Plan, which it is hoped will facilitate a better co-ordinated and effective response to this national disaster. All of those stakeholders, alike with the members of the CMTC, now look to moving, forcefully and rapidly, to implement the aspirations of this plan, and to mark the year 2000 and beyond as "the time of delivery" in the calendar of Swazi history.

CHAPTER 1

INTRODUCTION

1.1 STATEMENT OF INTENT

This document serves to reflect the commitment and intention of the Government of Swaziland to address the HIV/AIDS problems as a matter of national urgency. This document it therefore sets out to propose an agenda for a renewed and expanded national response.

1.2 NATIONAL CONTEXT

1.2.1 Geographical Profile

Swaziland is a land locked Southern African country. It shares borders with the Republic of Mozambique on the east and with the Republic of South Africa on the south, north and west. The country is divided into four ecological and topographic zones namely: the high veld, the middle veld, the low veld and the Lubombo plateau.

1.2.2 Demographical Profile

Comparatively, Swaziland is a small country that extends over an area of 17,364 square kilometres and has a total population of 980,722(CSO: 1997). Of this population, 42.5% are children under the age of 15 years while 48% are adults who are 15-49 years. Up to 77% of the population resides in rural Swaziland. Population growth has been reported to be 2.9% per annum. There is no data on current levels of parity. In 1991, it was however estimated to be 5.6 live births per 1 000 population (DHS: 1991). Furthermore, contraceptive use was estimated to be 34% in 1998 (MOH&SW: 1998).

Available data appears to suggest that the quality of life of people of Swaziland has increased steadily over the years. Life expectancy at birth increased from 44 years in 1966 to 61 years in 1991. Child mortality decreased from 20.5 per 1 000 population in 1996 to 8.4 in 1991 while infant mortality, declined from 156 per 1 000 births in 1976 to 72 in 1991. Similarly, under five mortality declined from 218 in 1976 to 89 in 1991.

Maternal mortality is estimated to be 229/100 000 population using the sisterhood method. In discussing these indicators, it is important to note that even though there has been a marked decline over the years, current levels are still unacceptably high and are poorer than those of countries with commensurate economic standing.

1.2.3 Economy Profile

Swaziland is a lower middle income country with a Gross National Product per capita of US\$ 1,170 (1995). Economic growth declined in the 1990s. The decline has been especially pronounced in the period that corresponds to the independence of the Republic of South Africa. Consequently, job creation has been slow. According to official statistics unemployment is 22% and is unofficially believed to be higher. It would appear that employment in the informal sector has increased although data is not available. A significant number of Swazis work in the Republic of South Africa, as migrant labour. Almost half of all Swazis (48%) have been shown to be living below the food poverty line.

1.2.4 Education

Human resources development has been high on the national agenda since 1968 when the country attained independence from Great Britain. As such, the education sector has always received the largest share of the national recurrent budget most of which is allocated to tertiary education.

In 1997, net enrolment of primary school going children was estimated to be 77% and it would appear that the country has no significant gender differential in enrolment. In the same year, a total of 205 829 students were enrolled at primary while 58 197 at secondary and high school and 4 561 in tertiary education. The drop out rate is estimated to be 25 %. Students drop out because of pregnancy, lack of funds and other reasons. Over all, 71% of all Swazis are literate.

1.2.5 Health

Investments in health have declined from approximately US\$ 70 per capita in the late 1980s and early 1990s to about US\$ 24 thereafter. As a proportion of the national budget, the health sector received an average of 9% in the last ten years. In turn,

approximately 75.6% of the health budget is allocated to curative services. Only 14.18% is allocated to preventive and promotive health services.

Morbidity and mortality continues to be driven by preventable environmental factors even though non-communicable diseases are also becoming a challenge suggesting that the country is experiencing an epidemiological transition. The welfare of children, women, persons with disability and the elderly continue to be an area of major national concern. Swaziland signed and ratified the convention on the Rights of the Child yet the CRC is still legislated in the country.

CHAPTER 2

SITUATIONAL ANALYSIS

2.1 THE GLOBAL SITUATION

UNAIDS estimated that by the end of 1999, the global population of people who are living with HIV/AIDS will have reached 33.6 million. Of these, it is believed that 32.4 million will be adults while 1.2 million will be children. Nearly half (44.6%) of all the HIV infection in the world occurs among women. In 1999, a total of 2,6 million people were expected to die from HIV/AIDS related illnesses. Cumulative since the beginning of the epidemic, it is believed that up to 16.3 million people will have died from AIDS.

While AIDS cases have been reported in all regions of the world, the epidemic is most severe in Africa and is believed to account for approximately 70% of all HIV infection in the world. This proportion represents a seven-percentage point increase from the 1996 level of 63%. It is believed that the majority of these infections is acquired in adolescence and young adulthood. Given the predominance of heterosexually transmitted infection in Africa, many parents will die prematurely leaving behind orphaned children. Since the beginning of the epidemic, it is estimated that approximately 11.2 million children under the age of 15 years have been orphaned through the loss of a mother and or a father. Similarly, infant and under five mortality will rise due to vertically transmitted infections. Within Africa, the epidemic is most severe among Southern African countries with Zambia, Zimbabwe, Botswana, Namibia and Swaziland being the most affected countries in the region.

2.2 THE NATIONAL SITUATION

The first HIV infected person in Swaziland was identified in 1986. In 1987, the first AIDS case was reported to the Ministry of Health. The Swaziland Government with the World Health Organisation (WHO) established the Swaziland National AIDS/STD control Programme (SNAP) and an emergency plan for the prevention and Control of HIV/AIDS put in place. During this period all AIDS advisory bodies were constituted and mandatory screening of all donated blood was initiated.

Since 1987, the country has already carried out three programmes on HIV/AIDS prevention and control. The first plan lasted twelve months (1987 / 1988). It was followed by the First Medium Term Plan, which lasted three years (1990 - 1992). The HIV/AIDS Programme was restructured in 1993, and subsequently the National Strategic Plan (1994 – 1997) was developed.

2.3 NON GOVERNMENTAL ORGANIZATIONS (NGOs)

NGOs focusing on HIV/AIDS Services are namely FLAS, TASC, Red Cross, Caritas, Lutheran, Salvation, Army, Hospice at Home, SHAPE, SASO, Council of Churches, World Vision International, Save The Children Fund, Women's Resource Centre, SWANASO, and Tinyanga Tendzabuko. Realising that the existing initiatives were inadequate, the NGOs in 1998 formed an HIV/AIDS consortium to work in collaboration with relevant partners. Specific functions include the following:

- Spearhead and strengthen the strategies and implementation of HIV prevention activities;
- Strengthen capabilities of CANGO (Co-ordinating Assembly of NGOs) in co-ordination of HIV/AIDS service provision among the NGO Community;
- Strategically motivate and tap resources within and outside of Swaziland;
- Help reduce duplication of service; and
- Strengthen capacities as well as HIV/AIDS project activities for long-term sustainability.

2.4 GOVERNMENT RESPONSE

Government worked in collaboration with NGOs, companies, religious groups, communities, local and external donors, and other government agencies in fighting the HIV/AIDS epidemic. Despite all these efforts, HIV/AIDS in Swaziland is becoming an increasingly serious problem. This is revealed in the 1998 Sentinel Surveillance, which reported that, the HIV prevalence rate amongst pregnant women had increased, in two years from 26% to 31.6%.

Taking cognisance of the catastrophic prevalence of the epidemic, His Majesty King Mswati III declared HIV/AIDS a national disaster during the opening of the Seventh Parliament of the Kingdom of Swaziland on the 19th February 1999. Following this call by His Majesty, that nation-wide effort to address the epidemic be launched, the Prime Minister set up two high level committees, namely the Cabinet Committee on HIV/AIDS chaired by the Deputy Prime Minister and a multi-sectoral HIV/AIDS Crisis Management and Technical Committee, in May 1999, with clearly defined terms of reference.

2.5 CABINET COMMITTEE

The Cabinet Committee on HIV/AIDS was formed to specifically carry out the following tasks:

- Supervise the work of the HIV/AIDS Crisis Management and Technical Committee
- Report to full Cabinet on a regular basis, and not less than once a month commencing July 1999;

Reports to Cabinet should include comments and recommendations as appropriate.

2.6 HIV/AIDS CRISIS MANAGEMENT AND TECHNICAL COMMITTEE (CMTC)

The HIV/AIDS Crisis Management and Technical Committee is the highest body with an authority to co-ordinate the national response to the HIV/AIDS epidemic. The Committee comprises of 20 members representing Government, NGOs, Private Sector, Churches, PLWHA, Youth, Women, Media, Traditional Healers, Chiefs and Donor agencies.

Terms of reference for the CMTC

1. Review and confirm HIV prevalence statistics from the Ministry of Health and Social Welfare and such other materials and documents the committee may deem acceptable.
2. Review any accredited survey materials and available projections respecting the impact of HIV/AIDS on Medical Services, the economy and generally on society and members of the public.
3. Commission a rapid situation analysis and the compilation of HIV/AIDS impact projections for all sectors in Swaziland.
4. Review AIDS Policy Documents and in the light of approved policy assess the adequacy of current efforts in Swaziland to deal with –
 - medical consequences of AIDS related illnesses;
 - care in the community as a result of the increase in terminally ill person;
 - the education of people on the existence and consequences of the HIV/AIDS pandemic and the need for change in attitudes and accompanying habits respecting sexual life and other interaction and
 - social security care and protection of orphans and families severely and adversely affected by HIV/AIDS pandemic and such related issues.
5. Develop a national programme which shall address the issues which are the objective or purposes of the Committee as contained in this section and the programme shall, inter alia identify;
 - the human and financial resources necessary to meet the increased pressure on medical care facilities;
 - the social services needed to address or mitigate the impact of the HIV/AIDS pandemic;
 - the information, education and communication inputs needed to achieve (and monitor) the positive and necessary major changes in attitudes and behaviour of members of the public and such other persons and
 - legislative changes necessary to protect all persons, and in particular women and children, from sexual abuse by HIV carriers.
6. Define the roles and functions of Government Ministries, Non Governmental Organisations (NGOs including co-opting to the Anti – HIV Campaigners),

Religious Organisation and the Private Sectors in the implementation of the programme of action and identify the most suitable mechanism for co-ordinating the programme.

2.7 ISSUES FOR INTERVENTION

When the CMTC started its work, it was agreed that the first major task of the committee was to develop a National Strategic Plan, which would serve as the framework for mobilising all sectors. A study was commissioned and it identified three major areas of concern as:

- Risk Reduction
- Response Management
- Impact Mitigation

Under each component issues of priority for intervention were identified.

2.8 RISK REDUCTION

- Even though HIV/AIDS awareness is reported to be universal in the country, it would appear that it has not been translated into wide spread behaviour change;
- There is lack of information on the dynamics of sexual behaviour in the country and patterns of HIV/AIDS transmission;
- There is generally no information on the effectiveness of interventions that are being applied;
- More than 60% of new infections in the country occur among young people aged between 15 –39 years old;
- The annual incidence of sexually transmitted diseases has remained consistently and unacceptably high;
- The risk of transmitting HIV infection through blood transfusion is still a reality even though the country screens 100% of all donated blood;
- Approximately 2 895 children continue to die annually from parent to child transmitted HIV infections even though the interventions to avert such, exist and are affordable;

- The majority of people in the country do not know their HIV status;
- Young women who are aged 15 –39 years are more likely to become infected with the human immune deficiency virus and to die due to HIV/AIDS related illness than their male age mates;
- Condom use among sexually active adults is still low; and
- The practice of strict confidentiality is believed to be facilitating the spread of HIV infection.

2.9 RESPONSE MANAGEMENT

- Co-ordination of the national response has remained primarily a function of the national level with limited activities at regional level and few activities at community level;
- General co-ordination of the national response has been inadequate including collaboration between western and traditional medicine;
- HIV/AIDS activities at community level are scanty, sporadic and lack organisation;
- Even though the religious community is strategically placed, it does not have an organised HIV/AIDS action programme;
- Investment in the fight against HIV/AIDS has not been commensurate to the gravity of the problem;
- The response by government is limited to the activities of the health and education sectors;
- Although some employers support HIV/AIDS activities, in general the work place based HIV/AIDS activities are under developed and are poorly co-ordinated;
- Different organisations issue inconsistent data on the epidemic leading members of the public to doubt the seriousness of the epidemic;
- There is lack of clarity on how organisations that implement as well as those that support HIV/AIDS activities relate to National AIDS Strategy documents;
- Most community-based organisations have not integrated HIV/AIDS prevention and control activities into their community development programmes; and
- As a result of the AIDS epidemic, the number of tuberculosis cases has increased from 1 400 in 1993 to 3 022 in 1998. Similarly, deaths due to tuberculosis increased from 84 in 1993 to 412 in 1998.

2.10 IMPACT MITIGATION

- The quality of care for patients who suffer from HIV illnesses in the country is perceived to be inadequate;
- Even though data on the actual number of orphans is not available, it is perceived that by 1997 at least 8 000 children had already lost one or both parents due to AIDS. This figure is expected to increase over the years;
- Not much support is available to AIDS patients outside the health facilities;
- Having an HIV infection is generally still stigmatised in the country. As a result, very few persons are willing to disclose their HIV status to sexual partners and relatives;
- Current legislation and policies do not protect HIV positive individuals and those at risk; and
- There is a lack of impact studies to inform policy makers about the repercussions of HIV/AIDS.

CHAPTER 3

PRIORITY AREAS FOR INTERVENTION

3.1 INTRODUCTION

This chapter will address the Mission Statement, Goals, Objectives and Strategies, which are needed in order to address effectively the multi-sectoral approach to the HIV/AIDS epidemic in the country.

3.2 MISSION STATEMENT

The Mission Statement of the HIV/AIDS Crisis Management and Technical Committee is to mobilise a multi-sectoral national response to reduce the spread of HIV/AIDS and to cope with the effects of the epidemic in Swaziland.

3.3 GOAL

To reduce the incidence of HIV/AIDS in Swaziland and mitigate the impact on the infected and affected individuals, families and communities.

The national response has identified the following three critical areas of concern under which specific priority themes, will be addressed.

- Risk reduction
- Response management
- Impact mitigation

3.4 RISK REDUCTION

Under risk reduction the following priorities themes were identified:

- Communication and promotion of behaviour change;
- Blood safety;
- Prevention of HIV infection among children and youth;
- Prevention of mother to child transmission;
- HIV/AIDS in the workplace;
- Community mobilisation and capacity building; and

- Condom logistics and distribution.

3.4.1 Information, Education, Communication and Promotion of Behaviour Change

Objective

To reduce new HIV infections by 50% through Information Education Communication, promotion of safer sexual behaviour and delay of sexual debut.

Strategies

- Develop a national HIV/AIDS Information Education and Communication system;
- Integrate HIV/AIDS information into all service delivery points of all sectors;
- Promote effective indigenous prevention methods;
- Promote Christian values on moral living; and
- Promote peer education at all levels.

3.4.2 Blood Safety

Objective

Ensure 100% safe blood supply and blood products for purpose of transfusion.

Strategies

- Reduce the transmission of HIV infection through infected blood;
- Develop and strengthen blood banks at all levels;
- Update the national blood policy to govern transfusion practices;
- Establish semi-autonomous National Blood Transfusion Services; and
- Establish effective blood donor education and recruitment programmes.

3.4.3 Prevention of HIV/AIDS infection among Children and the Youth

Objective

To prevent and control HIV/AIDS among children and youth in and out of school.

Strategies

- Promote awareness of HIV/AIDS among children and youth;
- Promote utilisation of youth, sports, religious clubs and cultural programmes for HIV/AIDS education;
- Provide children and youth with recreational facilities;
- Strengthen advocacy of indigenous cultural practices which promote delay in sexual debut and responsibility;
- Strengthen training and capacity building for teachers, parents, community leaders and peer educators to transfer knowledge to children and youth about HIV/AIDS, life skills, growing up and sexuality; and
- Integrate HIV/AIDS in pre-schools, schools and institutions of higher learning curricula.

3.4.4 Prevention of Mother to Child HIV transmission

Objective

To prevent vertical transmission of HIV from mother to child.

Strategies

- Develop and disseminate guidelines on prevention of vertical transmission of HIV/AIDS from mother to child;
- Facilitate access to available treatment; and
- Develop policy on mother to child transmission and infant feeding.

3.4.5 HIV/AIDS in the Workplace

Objective

To prevent and control HIV/AIDS infection among the economically active population.

Strategies

- Promote awareness and motivation of HIV/AIDS issues;
- Provide care and support to infected and affected employees;
- Encourage employers to develop a non-discriminatory HIV/AIDS policies;
- Strengthen advocacy on abstinence, fidelity, and condom use;
- Advocate for inclusion of HIV/AIDS issues in labour legislation;
- Provide education and training on HIV/AIDS;
- Ensure confidentiality in voluntary counselling and testing;
- Ensure job security for infected and affected employees;
- Ensure that the law is adhered to regarding issues pertaining to workmen's compensation and terminal benefits;
- Formulate policies that discourage separation of families due to employment; and
- Monitor and evaluate HIV/AIDS in the workplace.

3.4.6 Community Mobilisation and Capacity Building

Objective

To mobilise community participation and partnership in the fight against HIV/AIDS.

Strategies

- Develop partnership and encourage participation of communities in designing programmes in the fight against HIV/AIDS;
- Strengthen community based organisations;

- Develop basic communication packages for advocacy at Chiefdom Tinkhundla, Regional and National levels;
- Strengthen HIV/AIDS training programmes for all extension workers; and
- Encourage community initiatives on care and support of infected and affected persons.

3.4.7 Condom Logistics and Distribution

Objective

To have accessible, affordable, high quality condoms available nation wide.

Strategies

- Establish social marketing of condoms;
- Conduct behaviour studies on the usage and acceptability of condoms;
- Map national condom requirements and consumption ensure consistency of supply;
- Ensure that all condoms sold in the country meet the national standards;
- Increase availability and access of female condoms.

3.5 RESPONSE MANAGEMENT

The following areas were identified under the response management:

- Care, support, treatment and counselling;
- Epidemiology, research and survey;
- Positive living and nutrition;
- Improved knowledge of indigenous health care including traditional medicinal plant products; and
- STD treatment and management.

3.5.1 Care, Support Treatment and Counselling

Objective

To provide continuum of care, support, treatment and counselling to those infected and affected by HIV/AIDS.

Strategies

- Strengthen institutional capacities for the provision of continuum of care and support;
- Strengthen clinical management of opportunistic diseases including tuberculosis;
- Provide support for the creation and development of community home based care;
- Provide social support through NGOs and CBOs to family members and communities;
- Prevent HIV infection through observation universal precautions;
- Reduce stigma and discrimination of people living with HIV/AIDS;
- Strengthen the management of drugs and medical supplies;
- Subsidise drugs;
- Strengthen the health management information system;
- Develop and strengthen voluntary counselling and testing services at all levels;
- Strengthen traditional health care and support systems; and
- Facilitate effective co-ordination and collaboration between traditional and modern medicine.

3.5.2 Epidemiology, Research and Survey

Objective

To improve the capacity to generate and share qualitative and quantitative data on HIV/AIDS and STDs.

Strategies

- Formulate guidelines and policies governing research and epidemiology to ensure that systematic expanded surveillance studies are carried out regularly;
- Prioritise research needs and ensure proper co-ordination of research activities;
- Strengthen the national capability to conduct research;
- Install and strengthen a reliable behavioural and epidemiological surveillance;
- Carry out sectoral impact studies to strengthen planning of interventions; and
- Disseminate research findings to all interested parties.

3.5.3 Positive Living and Nutrition

Objective

To encourage healthy living standards that will contribute to the prolonged life of infected individuals.

Strategies

- Provide information, education and communication materials on balanced and healthy diets; and
- Promote growing of nutritional herbs, legumes and vegetables.

3.5.4 Improve Knowledge of Indigenous Health Care including Traditional Medicinal Plant Products

Objective

To improve knowledge of indigenous health care providers and develop a collaborative framework for the management of HIV/AIDS between traditional and modern health care systems.

Strategies

- Establish a register of all traditional medicinal health care service providers;
- Establish traditional herbal medicinal plant garden in all traditional medical centres;
- Strengthen collaboration between the traditional and modern health sector;
- Conduct studies and research on traditional medicinal plant use by professionals; and
- Conduct a needs assessment on the contribution by traditional healers.

3.5.5 STD Treatment and Management

Objective

To reduce the prevalence of STD in the general population.

Strategies

- Strengthen syndromic management and control of STDs;
- Mobilise private practitioners and traditional healers to manage STDs;
- Establish etiological surveillance of STDs;
- Support the provision of counselling and condoms to STD patients;
- Integrate STD services in the general health care system; and
- Enhance research data collection and dissemination.

3.6 IMPACT MITIGATION

Under impact mitigation the following priorities were identified:

- Legal Rights, Legislation and Policies;
- Orphans;
- Employment sector;
- Health sector;
- Social sector;

- Education sector;
- Public sector;
- People Living with HIV/AIDS.

3.6.1 Legal Rights, Legislation and Policies

Objective

To ensure that legislation and policies include provisions that address HIV/AIDS issues.

Strategies

- Compile inventory of all laws and sectoral policies that put individuals at risk of contracting HIV infection;
- Include HIV/AIDS issues in all sectoral policies;
- Strengthen administration of property rights of orphans, widowers and widows;
- Provide education and information on inheritance rights;
- Review relevant laws in order to upgrade the legal status of women;
- Enact laws which will protect vulnerable groups from HIV/AIDS;
- Formulate policies that will discourage separation of spouses;
- Advocate for legislation to ban pre and post employment testing;
- Review the National HIV/AIDS policy; and
- Advocate for review and update of inheritance laws.

3.6.2 Orphans

Objective

To develop programmes, which will ensure that all orphans, receive basic needs.

Strategies

- Document and support existing orphan programmes to provide models of best practice;
- Institute a system of identifying orphans and develop registers;

- Operationalise a monitoring and service delivery system for orphans in all chiefdoms;
- Establish orphan team chaired by a representative of the Department of Social Welfare to facilitate effective orphan programmes; and
- Develop an orphan's policy.

3.6.3 Employment sector

Objective

To retain a healthy and productive workforce.

Strategies

- Conduct studies of the HIV/AIDS impacts on the Employment sector;
- Encourage the use of management tools such as multi-skilling, succession planning and retraining to mitigate the impact of HIV/AIDS; and
- Encourage employers to record employee absences, to trace the impact of the epidemic.

3.6.4 Health sector

Objective

To make available adequate accessible health care facilities and conducive conditions of service for health care workers.

Strategies

- Conduct studies of the impact of HIV/AIDS in the Health sector;
- Increase training intake for health workers;
- Advocate for the use of universal precautions;
- Increase the number of medical facilities;
- Engage semi professionals e.g. RHM and volunteers; and
- Give counselling and support to health workers.

3.6.5 Social sector

Objective

To create an enabling environment which will mitigate the adverse effects of HIV/AIDS on the population.

Strategies

- Strengthen and support on going poverty alleviation initiatives;
- Introduce / strengthen community level support groups; and
- Strengthen the support given to People Living with HIV/AIDS and all caregivers.

3.6.6 Education sector

Objective

To reduce the impact of HIV/AIDS on the education sector.

Strategies

- Support peer education in all education facilities;

- Advocate, engage and provide appropriate information to parents on reproductive, family life education on HIV/AIDS and life skills;
- Develop policies and guidelines on HIV/AIDS in the education sector;
- Expand and strengthen counselling services in schools;
- Find solution to teachers housing problems and encourage families to live together;
- Increase intake into the teacher training institutions in order to maintain low teacher pupil ratios;
- Integrate HIV/AIDS into the curricula at all levels including pre schools;
- Mainstream gender issues in all subjects at all levels in schools; and
- Advocate for Government to waive school fees for orphans and other disadvantaged children.

3.6.7 Government sector

Objective

To develop a well co-ordinated and responsive public sector that will respond to the impact of HIV/AIDS on human resources.

Strategies

- Conduct studies on human resources requirement;
- Encourage the use of management tools such as multi-skilling, succession planning and retraining to mitigate the impact of HIV/AIDS;
- Encourage government to record employee absence to track the impact of HIV/AIDS; and
- Prioritise training accordingly and develop a human resources master plan.

3.6.8 People Living With HIV/AIDS

Objective

Reduce stigmatisation of people living with HIV/AIDS and promote counselling and voluntary testing.

Strategies

- Build the capacity of PLWHA's to promote the concept of positive living;
- Promote shared confidentiality;
- Strengthen counselling and HIV testing capacity in all levels;
- Enact policies and legislation that protects the rights of HIV/AIDS infected and affected persons.

CHAPTER 4

SECTORAL RESPONSIBILITIES

4.1 SECTORAL RESPONSIBILITIES

This chapter deals with broad HIV/AIDS commitments for government, NGOs, business, labour, women, youth and all sectors of society. Each sector is expected to develop specific plans based on their comparative advantage.

Given the magnitude of the HIV/AIDS epidemic and its devastating impact on employment human resource development, social development, trade national stability and civil society there is great need for the whole nation to pull together in the fight against this scourge. An aggressive multisectoral approach involving government ministries from the Prime Minister's office and cabinet down to all line ministries security forces as well as the private sector which includes the employer's organisations and worker's organisations, institutions of high learning, traditional leadership, traditional healers, non-governmental organisations, youth and women will be mounted.

The various sectors have committed themselves to contribute towards the national response to fight against HIV/AIDS in Swaziland. They have headed the call that there is an urgent need to bring in more partners and to consolidate our efforts for maximum impact. Sectors are encouraged to establish sectoral HIV/AIDS committees. The major emphasis of these sectors is prevention and promotion of safer sex practices and behaviour change. This will broaden responsibility for the prevention of HIV/AIDS to all sectors of government, private sector and civil society. This chapter seeks to identify sectors that have made a commitment to develop sector specific strategies for the prevention care and support.

The sectors are as follows: -

1. Parliament
2. Office of the Prime Minister
3. Ministry of Tourism, Communication & Environment
4. Royal Swaziland Police

5. Deputy Prime Ministers Office
6. Regional Administrations and Tinkhundla
7. Ministry of Foreign Affairs & Trade
8. Umbutfo Swaziland Defence Force
9. Ministry of Natural Resources and Energy
10. Ministry of Agriculture & Co-operatives
11. Ministry of Enterprise & Employment
12. Ministry of Economic Planning and Development
13. Ministry of Housing & Urban Development
14. Ministry of Education
15. Ministry of Finance
16. Commissioner of Taxes
17. Ministry of Public Service & Information
18. Ministry of Health & Social Welfare
19. Ministry of Justice & Constitutional Affairs
20. Correctional Services
21. Ministry of Home Affairs
22. Ministry of Public Works & Transport
23. Audit Department
24. Private Sector
25. Swaziland National Association of Local Authorities (SNALA)
26. Lutsango LwakaNgwane
27. Churches
28. Youth
29. Traditional Healers Organisation
30. NGOs
31. People Living With HIV/AIDS
32. Kings Office

See annex for detailed outline of sector obligations

Sectors which have not submitted sector obligations are encouraged to set themselves objectives in the fight against HIV/AIDS.

The CMTC will continue to work with sectors as they develop their action plans. It is time to bring effective interventions to scale. We know what works. Unfortunately these proven interventions currently fail to reach the overwhelming majority of those in need. Successful small-scale efforts must be dramatically upscaled.

The HIV/AIDS epidemic is too serious to be ignored and it is also too great for any single entity to address adequately by itself. To make a real difference, an effective response must mobilize and coordinate the commitment and resources of the full range of key stakeholders including government, bilateral and multi-lateral development bodies, international organizations, businesses, NGOs, churches, communities, families and people living with HIV/AIDS. AIDS is everyone's problem and everyone must be a part of the solution.

The sectoral HIV/AIDS Committees will advocate, manage and co-ordinate the implementation of HIV/AIDS activities within that sector.

CHAPTER 5

MANAGEMENT AND COORDINATION

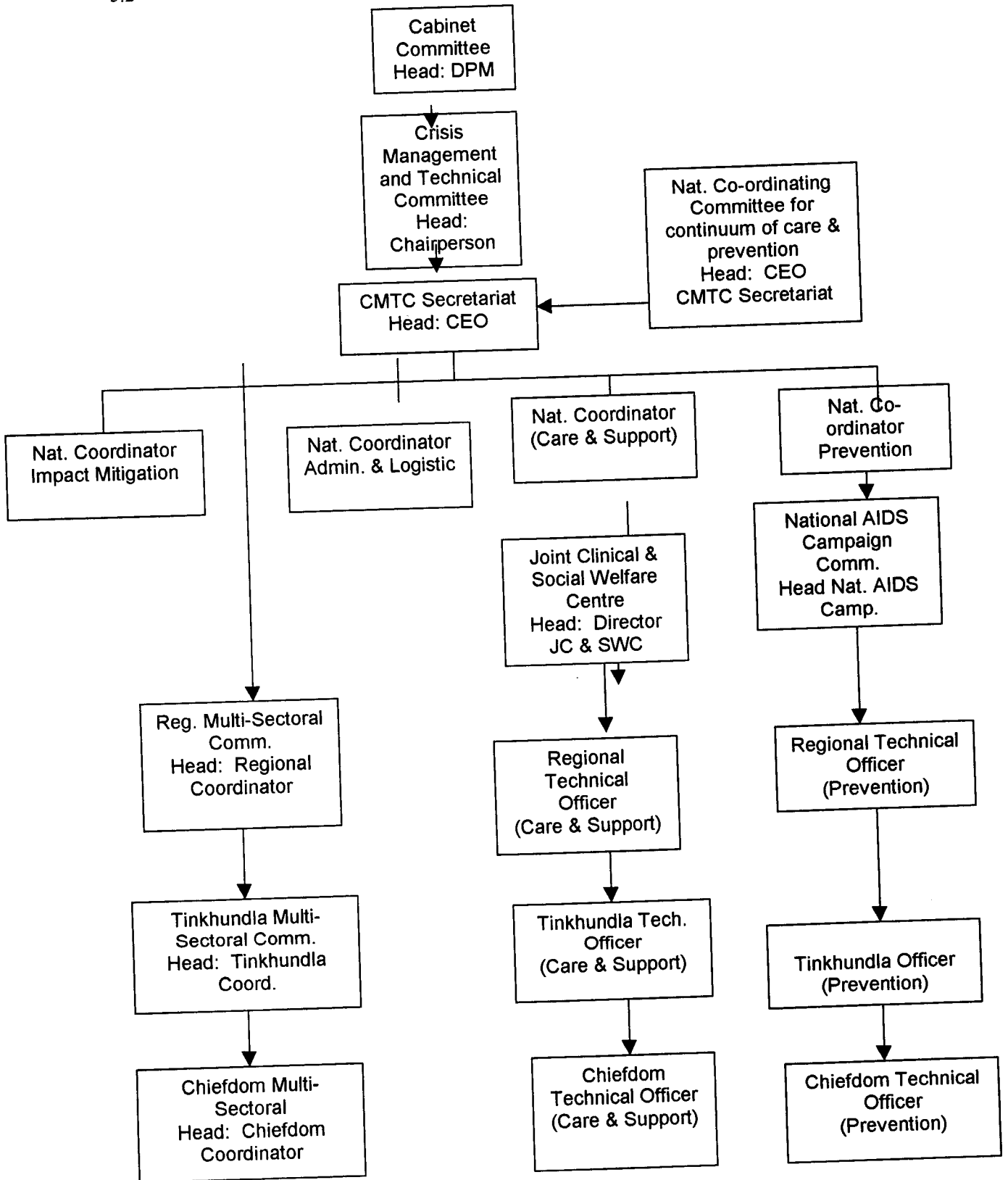
5.1 INTRODUCTION

This Chapter presents the structure that will co-ordinate, manage and sustain a multi-sectoral response to the HIV/AIDS epidemic in the Kingdom of Swaziland as envisaged in the Crisis Management and Technical Committee mission statement.

The successful implementation of this Strategic Plan requires comprehensive and effective management and co-ordination arrangements to be put in place. In order to develop the structure, the following issues were taken into consideration:

- HIV/AIDS is a multi-sectoral issue, requiring a multi-sectoral response. The range of stakeholders is evident. This factor which, despite its beneficial effect of marshalling resources from a variety of sources, poses enormous co-ordination problems;
- The Strategic Plan has to be implemented at national, regional and community level;
- Substantial funding is required to support the programme, which will be obtained from a variety of sources;
- HIV/AIDS having been declared a national disaster is therefore an emergency situation;
- Achieving the national objectives requires sustained political will, commitment and support;
- The successful implementation needs highest strong leadership that commands the required expertise, discipline and has the experience and credibility to effectively achieve the envisaged objective; and
- Issues of financial management, efficiency, transparency and accountability will feature prominently in the implementation if the goals and objectives are to be achieved.

5.2 ORGANOGRAM FOR IMPLEMENTATION



5.2.1 The Cabinet Committee

The Cabinet Committee is the highest national body with the authority to co-ordinate the national response of the HIV/AIDS epidemic. The Cabinet Committee consists of Ministers representing the following Ministries:

- Deputy Prime Minister – Chairperson
- Minister for Health and Social Welfare – Secretary
- Minister for Finance
- Minister for Education
- Minister for Enterprise and Employment
- Minister for Economic Planning and Development
- Minister for Home Affairs
- Minister for Agriculture and Co-operatives
- Minister for Public Service and Information

The Cabinet Committee on HIV/AIDS was formed to specifically to carry out the following tasks:

- Supervise the work of HIV/AIDS Crisis Management and Technical Committee and ensure that a report is received from that Committee by the 16th of each month.
- Report to the full cabinet on a regular basis, and not less than once a month, commencing July 1999.

Reports to cabinet should include comments, observations and recommendations as appropriate

5.2.2 The HIV/AIDS Crisis Management and Technical Committee

The HIV/AIDS Crisis Management and Technical Committee is tasked with the authority to co-ordinate the multi-sector national response to the HIV/AIDS epidemic. The Committee comprises of members representing the following stakeholder groups; Deputy Prime Ministers Office, Prime Ministers Office, Ministry of Public Service & Information, Ministry of Finance, Ministry of Economic Planning & Development, Ministry of Health & Social Welfare, Ministry of Education, Ministry of Enterprise & Employment,

Traditional Healers, Churches, Chiefs, F.S.E., S.F.T.U., S.F.L., Lutsango LwakaNgwane, Youth, Swaziland AIDS Support Organisation, CANGO, Ministry of Agriculture and Media.

Terms of Reference

1. Review and confirm HIV prevalence statistics from the Ministry of Health and Social Welfare and such other materials and documents the committee may deem acceptable.
2. Review any accredited survey materials and available projections respecting the impact of HIV/AIDS on Medical Services, the economy and generally on society and members of the public.
3. Commission a rapid situation analysis and the compilation of HIV/AIDS impact projections for all sectors in Swaziland.
4. Review AIDS Policy Documents and in the light of approved policy assess the adequacy of current efforts in Swaziland to deal with –
 - medical consequences of AIDS related illnesses;
 - care in the community as a result of the increase in terminally ill person;
 - the education of people on the existence and consequences of the HIV/AIDS pandemic and the need for change in attitudes and accompanying habits respecting sexual life and other interaction and
 - social security care and protection of orphans and families severely and adversely affected by HIV/AIDS pandemic and such related issues.
5. Develop a national programme which shall address the issues which are the objective or purposes of the Committee as contained in this section and the programme shall, inter alia identify;
 - the human and financial resources necessary to meet the increased pressure on medical care facilities;
 - the social services needed to address or mitigate the impact of the HIV/AIDS pandemic;
 - the information, education and communication inputs needed to achieve (and monitor) the positive and necessary major changes in attitudes and behaviour of members of the public and such other persons and

- legislative changes necessary to protect all persons, and in particular women and children, from sexual abuse by HIV carriers.
6. Define the roles and functions of Government Ministries, Non Governmental Organisations (NGOs including co-opting to the Anti – HIV Campaigners), Religious Organisation and the Private Sectors in the implementation of the programme of action and identify the most suitable mechanism for co-ordinating the programme.

5.2.3 The Secretariat

A strong co-ordination secretariat is necessary to facilitate co-ordinate and provide effective implementation of programmes. Currently the secretariat employs two professional staff, a co-ordinator and an administrative officer. The secretariat will be headed by a chief executive officer aided by the following; co-ordinator prevention, co-ordinator mitigation co-ordinator care and support, an administrative officer and two accountants.

The Chief Executive Officer

The chief executive officer will be responsible for the following:

- Co-ordinate both the activities and purposes of the CMTC;
- Carrying out orders, instructions and directives as many from time are assigned to it by the Committee or the Cabinet Committee on HIV/AIDS;
- Act as the Secretariat of the Committee;
- Carry out such other lawful activities normally done by a chief executive officer, and a Secretariat of similar nature or task;
- Linking policies with implementing organisations;
- Advocacy at international and National Levels;
- Establish International and Regional networks;
- Co-ordination of the multi-sectoral response;
- Resources Mobilisation; and
- Information dissemination, polices and procedures;

National Co-ordinator (Prevention)

The National Co-ordinator (Prevention) is responsible for:

- Developing prevention policy and guidelines;
- Advocating for prevention;

- Development of partnership for prevention with the public and private sector;
- Facilitate community between all sectors involved;
- Capacity building for prevention;
- Resource mobilisation for prevention;
- Recommend prevention research priorities to the appropriate bodies; and
- Monitoring and evaluation of prevention activities.

National Co-ordinator (Care and Support)

The National co-ordinator Care and Support is responsible for:

- Developing care and support policy guidelines;
- Advocating for care and support;
- Develop partnership for care and support with the public and private sector;
- Capacity building and training for care and support;
- Facilitate auditing of the counselling services in the country;
- Identify lead NGOs dealing with VCT or those which have that potential and collaborate with them to establish VCT networks in the country;
- Supervise both government and non government VCTs;
- Collaborate with the clinical and social welfare using help prepare a package for those who go for counselling and testing in the VCTs; and
- Help prepare a counselling package within the context continuum of care and ensure that the package is linked to regional and community networks.

National Co-ordinator (Impact Mitigation)

The National Co-ordinator (Impact Mitigation) main task will be to:

- Identify research priorities for assessing the impact of HIV/AIDS on various sectors.
- Systematic assessment of the impact of HIV/AIDS on various sectors developing impact mitigation policies and guidelines according.
- Advocacy for implementation of adequate coping strategies by the different.
- Development of partnerships for impact mitigation with People Living With HIV/AIDS (PLWHA).
- Co-ordination of multi-sectoral response.
- Capacity building and technical support for impact mitigation activities.

- Resources mobilisation for impact mitigation.
- Monitoring and evaluation of impact mitigation activities.

Administrative Officer

The Administrative Officer's duties will include the following:

- Resource allocation
- Act as transport manager
- Supervises subordinates
- Executes administrative duties as assigned by the co-ordinator of the committee

Accountants (senior accountant and assistant accountant)

The Accountant will have the following tasks and responsibilities;

- Monitoring and utilisation of financial resources
- Monitoring cost effectiveness of programme activities
- Supports resource mobilisation
- Financial administration of the crisis management and technical committee and secretariat expenditure

5.2.4 Regional, Tinkhundla, Chiefdom and Community levels

At Regional level, the Strategic Plan will be coordinated by the Regional HIV/AIDS Coordinator through the Regional Secretary who is head of the Regional Development Team meeting in each region. The Regional HIV/AIDS Coordinator is a member of the National Technical Committee. As the Strategic Plan is based on the bottom up approach the structure will be organized at Chiefdom level. The chief will be expected to establish multi-sectoral community HIV/AIDS Teams to educate their communities on prevention, care and support.

The Chairperson of the HIV/AIDS community team will report to the chief and also represent the chiefdom at Inkhundla level. The Inkhundla HIV/AIDS Committee will be established at each inkhundla and members of this

Committee will elect a Chairperson/Coordinator for HIV/AIDS the Inkhundla Coordinator will report to the Inkhundla Committee as well as to the Regional HIV/AIDS Coordinator.

CHAPTER 6

MONITORING AND EVALUATION

6.1 INTRODUCTION

The successful management of this Strategic Plan will depend mainly on effective monitoring and evaluation of programmes and activities. This chapter therefore addresses the broad issues of monitoring programme inputs, processes and performance to ensure accountability and effectiveness in programme implementation. In addition, evaluation of programmes is also considered.

6.2 MONITORING

Monitoring will take place at various levels of programme management and implementation and will involve identifying key indicators in the programme design stage:

- Tracking the use and application of programme inputs such as funds, supplies equipment and materials;
- Tracking programme processes such as training, procurement and distribution of inputs;
- Tracking the number of personnel trained in HIV/AIDS in household, communities, regional and nationally;
- Assessing the quality of care provided by institutions to orphans and PLWHA;
- Assessing the number of programmes developed by the public sector and private sector;
- Assessing the number of other institutions (CBOs, NGOs) involved HIV/AIDS activities;
- Assessing the level of interaction and co-ordination between players including:

Other Ministry of Health and Social Welfare Programmes;

Other Ministries and Departments Catalytic Projects;

Multi and bilateral donors;

NGOs and CBOs
Religious Organisations
Traditional Healers

Assessing programme developed by Traditional Healers, Religious and Cultural group;

Assessing the curriculum develop at pre-school, secondary and tertiary levels

Tracking the review and implementation of the legislation;

Regular monitoring will ensure that obstacles and constraints are identified early and addressed and that programme impact is consequently maximised.

The CMTC Secretariat in conjunction with CMTC and all stakeholders will be responsible for overall monitoring of progress against the Strategic Plan. The mechanism for conducting monitoring activities will include regular visits, review meetings and reports.

6.3 EVALUATION

Evaluation will mainly focus on outcome or effect and impact indicators that have been built in the plan at the objective and output levels for the three areas of intervention. In addition, issues to do with programme management including financial management and co-ordination will also be evaluated specifically to assess the extent to which they have contributed (or not contributed) to achieving programme objectives.

Information for evaluation will be obtained from monitoring activities, which will include supervision reports, monthly, quarterly, and annual reports. A mid term evaluation will take place at the end of the year 2002 and the final evaluation will take place July 2005. The lessons that will be drawn from the evaluation exercise will assist in redesigning strategies or activities and also highlight the human and financial resources needed for the preparation of a subsequent phase of the programme and plan which will be long term and sustainable.

6.4 EVALUATION INDICATORS

The following will be evaluation indicators : -

Change in sexual behaviour;

Decrease in the rate of HIV/AIDS infection;
Change in the numbers of new orphans;
Reduced STDs prevalence;
Increase awareness/prevention of HIV/AIDS at household, community, regional and national levels;
Change in Government budget allocation for HIV/AIDS;
Increase in donor funding for HIV/AIDS;
Decrease in the number of death among young adults;
Decrease in new adult cases of TB attributable to HIV/AIDS;
Increase of facilities which have integrated HIV/AIDS activities; and
Change in costs for HIV/AIDS.

6.5 RESOURCE MOBILIZATION

The Strategic Plan is far-reaching and ambitious and requires a significant increase in resources devoted to HIV/AIDS. It is the responsibility of the CMTC secretariat to mobilise resources and co-ordinate dispersal. There is need to increase the level of effort, material, human and financial resources currently available to fighting the epidemic, and in particular to fund urgently targeted intervention and going to scale. Although an increase in funding has been noted in recent years, significantly higher levels of resource mobilisation are still required. Ultimately, for a successful national response, there needs to be a mobilisation of resources from the government, donors, individuals and the private sector.

6.6 CONCLUSION AND WAY FORWARD

In conclusion, the plan is identifying three major areas of concern and action namely;

Risk Reduction

Response Management

Impact Mitigation

The National Strategic Plan proposes a detailed set of objectives and strategies for Swazi Society as a whole – encompassing all line ministries and government departments; the private sector, NGOs, local authorities, religious 48

groups, youth and traditional leaders. The plan is ambitious in scope and requires not only considerable financial resources but also extensive human resource capacities to plan, implement and successfully track the range of proposed educational, preventive and palliative interventions.

Objectives in this Strategic Plan address:

- Decrease the spread of HIV/AIDS, through information and education;
- Mobilise community resources and capacity to meet the counselling and care needs of AIDS orphans, people living with AIDS, and their families;
- Bring about longer term behavioural and social changes that will slow the rate of new infection; and thus
- Alleviate the impact of the epidemic.

The multi-sectoral approach that target not only vulnerable groups but all members of Swazi society including men and boys will go a long way to reducing the impact of the epidemic.

With the completion of the Strategic Plan, different sectors will be called upon to develop action plans and budgets for their programmes and activities.

ANNEX 1 – SECTOR OBLIGATIONS

The following sectors have committed themselves to the fight against HIV/AIDS:

1. Parliament
2. Office of the Prime Minister
3. Ministry of Tourism, Communication & Environment
4. Royal Swaziland Police
5. Deputy Prime Ministers Office
6. Regional Administrations and Tinkhundla
7. Ministry of Foreign Affairs & Trade
8. Umbutfo Swaziland Defence Force
9. Ministry of Natural Resources and Energy
10. Ministry of Agriculture & Co-operatives
11. Ministry of Enterprise & Employment
12. Ministry of Economic Planning and Development
13. Ministry of Housing & Urban Development
14. Ministry of Education
15. Ministry of Finance
16. Commissioner of Taxes
17. Ministry of Public Service & Information
18. Ministry of Health & Social Welfare
19. Ministry of Justice & Constitutional Affairs
20. Correctional Services
21. Ministry of Home Affairs
22. Ministry of Public Works & Transport
23. Audit Department
24. Private Sector
25. Swaziland National Association of Local Authorities (SNALA)
26. Lutsango LwakaNgwane
27. Churches
28. Youth
29. Traditional Healers Organisation
30. NGOs
31. People Living With HIV/AIDS
32. Kings Office

Parliament

Objective

To ensure total political commitment and compliance to the HIV/AIDS National Strategic Plan in Swaziland.

Strategies

- Participate actively in international and national debates on HIV/AIDS;
- Wear a Red Ribbon at all times;
- Address the public on the status of the HIV/AIDS epidemic;
- Procure and distribute condoms to staff and the nation through parliamentarians;
- Distribute information on the prevention of HIV infection;
- Conduct HIV/AIDS education with staff and parliamentarians, at least bi-annually;
- Advocate for the multi-sectoral approach to HIV/AIDS;
- Encourage communities to take responsibility for tackling HIV/AIDS; and
- Ensure legislation is enacted which supports prevention of HIV/AIDS and those that do not discriminate against people living with HIV/AIDS.

Objective

To ensure total political commitment to and compliance with the HIV/AIDS National Strategic Plan for Swaziland.

Strategies

- Act as the champion of the Crisis Management and Technical Committee (CMTTC) publicly endorsing its plans, policies and recommendations;
- Advocate for a multi sectoral approach to HIV/AIDS;
- Oversee and ensure observance and implementation of all declarations, agreements and decisions on HIV/AIDS such as OAU Head of State, declaration on HIV/AIDS in Africa, Commonwealth Head of State and Government resolutions on HIV/AIDS and International Resolutions on HIV/AIDS;
- Ensure members of staff are well informed and have access to adequate prevention arrangements;
- Participate freely in National and International debates on HIV/AIDS;
- Mobilise resources for HIV/AIDS activities in the Kingdom;
- Address the public on the status of HIV/AIDS pandemic; and
- Address His Majesty King Mswati III on the status of HIV/AIDS in the Kingdom.

Ministry of Tourism, Communications and Environment

Objective

To increase public awareness about HIV/AIDS to enable the Swazi population and tourists to take informed decisions to protect themselves.

Strategies

- Ensure integration of HIV/AIDS activities in the annual plans of the Ministry;
- Facilitate information processing and dissemination on all aspects of HIV/AIDS;
- Ensure availability of condoms throughout the tourism centres including entry and exit points;
- Develop sector specific information on HIV/AIDS at all entry and exit points and tourism facilities;
- Undertake HIV/AIDS awareness campaigns for local and international tourists;
- Conduct regular HIV/AIDS awareness programmes for employees and employers in the Tourism sector;
- Implement the national code on HIV/AIDS in employment; and
- All entry points to be mandated to have HIV/AIDS advertisements.

Royal Swaziland Police

Objective

To develop specific education programmes on HIV/AIDS for Police Officers, staff and their families in order to ensure a physically fit and effective Police Force.

Strategies

- Develop and implement the national activity plan on HIV/AIDS in police institutions;
- Organise national workshops to review the status of HIV/AIDS in Swaziland police institutions;
- Conduct studies within the police institutions on the impact of HIV/AIDS epidemic;
- Address issues of police investigation of cases in police cells to avoid congestion and to minimise the incidence of contagious diseases;
- Provide care and support to infected and affected police and family members;
- Procure care and support to infected and affected police and family members;
- Establish counselling, care and support services for the infected and affected police and support staff; and
- Provide protective garments / devise for police and traffic officers at all duty stations.

Deputy Prime Minister's Office

Objective

To ensure political commitment and compliance to the multi-sectoral HIV/AIDS national response.

Strategies

- Provide for the multi-sectoral approach to HIV/AIDS;
- Make policy recommendations to the Cabinet Committee on HIV/AIDS;
- Co-ordinate the national response to HIV/AIDS;
- Participate in international and national debate on HIV/AIDS;
- Monitor the activities of implementing partners;
- Encourage community mobilisation; and
- Update the public on the status of the HIV/AIDS epidemic in country.

Regional Administration and Tinkhundla

Objective

To co-ordinate HIV/AIDS prevention and control activities in the respective regions, including those of non-governmental organisations.

Strategies

- Establish Regional and Chiefdom multi-sectoral HIV/AIDS co-ordination committees;
- Facilitate and co-ordinate planning implementation, monitoring and evaluation of the Regional HIV/AIDS activity plans;
- Co-ordinate resource mobilisation, allocation and utilisation at Regional Tinkhundla and Chiefdom levels;
- Promote awareness to ensure protection with constituencies;
- Develop a sound transparent mechanism for resource mobilisation allocation and utilisation;
- Develop effective evaluation tools to monitor the progress on the Regional Tinkhundla and Chiefdom HIV/AIDS action plans.
- Develop Regional, Tinkhundla and Chiefdom specific IEC materials and ensure its dissemination;
- Ensure availability of quality care services and support the infected and affected communities in the respective Regions, Tinkhundla and Chiefdoms;
- Improve access to affordable quality condoms within the Regions/Tinkhundla and Chiefdoms; and
- Collaborate with all sectors to ensure a multi-sectoral response to the HIV/AIDS epidemic at the Regional / Tinkhundla and Chiefdom levels.

Ministry of Foreign Affairs and Trade

Objective

To advocate and facilitate for support for the National Response on HIV/AIDS.

Strategies

- Disseminate information on HIV/AIDS to the Swazis outside the country through the foreign missions;
- Budget for the procurement and distribution of condoms;
- Ensure maintenance of information flow between Swaziland and international communities on HIV/AIDS including International Trade Missions;
- Organise together with CMTC quarterly debriefing sessions on HIV/AIDS with all embassies, high commissions and International Communities Representatives in Swaziland;
- In conjunction with other relevant ministries to ensure condom distribution at entry and departure points including VIP launch at the Airport;
- Gather information related to HIV/AIDS through the respective foreign nations; and
- Advocate for HIV/AIDS activities funding through foreign missions.

Umbutfo Swaziland Defence Force

Objective

To develop specific education programmes on HIV/AIDS for Defence Officers, staff and their families in order to ensure a physically fit and effective Defence Force.

Strategies

- Prevent HIV/AIDS infection among service members through prevention, education and condom use;
- Establish and strengthen counselling, care and support services for the infected and affected active members and their families;
- Reduce the number of new HIV infections;
- Develop action plans and budget for HIV/AIDS activities for the defence force;
- Provide basic information on STDs/HIV/AIDS transmission and reduce risk for the new recruits and work force;
- Organise a national workshop to review the status of HIV/AIDS in Swaziland defence force;
- Conduct studies within the defence force on the impact of HIV/AIDS epidemic;
- Provide care and support to infected and affected defence force and family members;
- Procure and distribute condoms to defence force department staff;
- Provide protective garments / devises for defence force and traffic officers at all duty stations; and
- Support training of trainers courses to develop multi disciplinary teams for promoting HIV/ AIDS education / counselling and support.

Ministry of Natural Resources and Energy

Objective

To prevent HIV/AIDS within the Ministry of Natural Resources and Energy and ensure compliance to the national code of HIV/AIDS in employment.

Strategies

- Ensure development of educational programmes on HIV/AIDS for all relevant communities;
- Develop and disseminate information on HIV/AIDS to all staff members and their families;
- Acquire and distribute condoms through social marketing strategies;
- Ensure review of company policies in line with the national code on HIV/AIDS in employment;
- Ensure infrastructure establishment within departments and companies in order to secure care and support of the HIV infected and affected workers and management staff;
- Ensure technical assistance to departments and parastatals to develop education programmes on HIV/AIDS;
- Monitor the implementation of education programmes on HIV/AIDS by the respective departments and companies;
- Ensure existence and support services within the respective departments, companies and mines;
- Acquire condoms and information materials on HIV/AIDS and distribute to employees/clients; and
- Ensure an enabling environment for voluntary counselling and testing.

Ministry of Agriculture and Co-operatives

Objective

To prevent and control HIV/AIDS within the Agriculture and Co-operative sector, farming communities and their families.

Strategies

- Ensure that communities grow and eat foods that are healthy for all including People Living With HIV/AIDS (PLWHA);
- Ensure the development and dissemination of educational programmes on HIV/AIDS for all the respective agriculture and co-operative farmers communities and their families;
- Budget, procure and distribute condoms through social marketing strategies;
- Review policies in line with the National Code on HIV/AIDS and employment;
- Ensure support for those infected and affected ministry's officers, farmers and their families;
- Ensure that communities grow, prepare and eat nutritious diets;
- Sensitise and provide education on HIV/AIDS to all Ministry of Agriculture and Co-operatives Staff and employees;
- Train and facilitate agricultural extension workers, home economists, researchers and co-operatives livestock officers to disseminate HIV/AIDS information to farmers and their families and distribute condoms; and
- Monitor the implementation of the education programme on HIV/AIDS by the respective agriculture and co-operative units.

Ministry of Enterprise and Employment

Objective

To contribute to the reduction of incidence rate of HIV/AIDS in Swaziland including and within the Ministry and support the objectives of the Platform and Action on HIV/AIDS in Africa.

Strategies

- Develop a ministerial and a general workplace information chapter on HIV/AIDS;
- Ensure the development of annual action plans for the ministry and parastatal sector;
- Ensure ongoing distribution and dissemination of information on HIV/AIDS;
- Ensure condom acquisition and distribution by all private and public sector;
- Monitor and ensure implementation of the Platform of Action on HIV/AIDS in Africa adopted in Abidjan in 1999;
- Monitor and ensure integration of HIV/AIDS related activities in the work places in both private and public sector;
- Co-ordinate training programmes on HIV/AIDS for small – medium enterprise practitioners and the informal sector;
- Develop and coordinate HIV/AIDS action programme for the ministry and parastatal Organisations and private industries;
- Promote and support the National Strategic Plan on HIV/AIDS;
- Develop and distribute information charter on HIV/AIDS for public servants;
- Incorporate education on HIV/AIDS in the training programmes on the ministry's extension service and the national handicraft-training centre;
- Incorporate HIV/AIDS awareness education in all investment campaigns carried out by the ministry and its organisations; and
- Establish an HIV/AIDS task force in the ministry and parastatal organisations, private industry with specific function of HIV/AIDS education, training acquisition and distribution of condoms.

Ministry of Economic Planning and Development

Objective

To ensure developmental initiatives address HIV/AIDS and its impact on the economy.

Strategies

- Ensure that developmental initiatives have aspects of dealing with HIV/AIDS;
- Monitor the impact of the disease on the economy;
- Advise government on way forward;
- Assist in the procurement and distribution of condoms and other educational materials;
- Establish on HIV/AIDS task force to coordinate impact studies on the economy;
- Capital projects initiatives to incorporate HIV/AIDS; and
- Make available statistics relevant for planning for HIV/AIDS.

Ministry of Housing and Urban Development

Objective

To plan implement HIV/AIDS prevention and control activities in the ministry and local authorities.

Strategies

- Establish action groups within the ministry and local authorities to serve as focal points for HIV/AIDS issues;
- Develop HIV/AIDS action plans through an expanded response both at ministry and local authority level;
- Ensure implementation of HIV/AIDS action plans;
- Liase with the ministry of health and social welfare and conducting awareness campaigns within the ministry and availing to all staff at all times preventive tools such as condoms and publications on HIV/AIDS;
- Develop a sound transparent mechanism for resource mobilisation, allocation and utilisation;
- Develop effective evaluation tools to monitor the progress on the respective HIV/AIDS action plans;
- Provide support to the infected and affected individuals in the ministry and local authorities;
- Collaborate with all sectors to ensure multisectoral response to the HIV/AIDS epidemic;
- Empower action groups with counselling skills; and
- Integrate HIV/AIDS intervention in the housing policy.

Ministry of Education

Objective

To prevent and control of HIV/AIDS in all educational institutions.

Strategies

- Ensure integration of HIV/AIDS information at pre-schools, primary, secondary, high schools, tertiary , sebenta and institutions;
- Identify information needs for all education institutions regarding HIV/AIDS and disseminate information that addressed those need;
- Budget acquire and distribute condoms at secondary, high school and the university;
- Ensure care and support for the HIV/AIDS infected teachers, students, pupils support staff and families;
- Training of trainers for Swaziland National Teachers Association (SNAT) support HIV/AIDS awareness campaigns for teachers, SNAT, parents and students;
- Conduct regular research, surveys and studies to verify the effectiveness and appropriateness of information disseminated and interventions carried out;
- Develop and distribute relevant IEC materials within the sector and to all educational institutions; and
- Educate on the advantages and disadvantages of condom use.

Ministry of Finance

Objectives

To prevent and control HIV/AIDS spread among staff and their families.

Strategies

- Conduct HIV/AIDS awareness for all staff;
- Ensure that all Ministries have budget lines for HIV/AIDS related activities;
- Implement the national code of HIV/AIDS in employment and provide care and support to infected and affected staff members and their families;
- Review budgets and proposals to ensure implementation on HIV/AIDS related activities by all ministries /departments/parastatals;
- Ensure members of staff are well informed about HIV/AIDS and have access to adequate prevention arrangements; and
- Facilitate and create an enabling environment for staff to have access to voluntary counselling and testing.

Commissioner of Taxes

Objective

To prevent and control HIV/AIDS among the employees of income tax department their families and clients.

Strategies

- Disseminate information, education, communication on HIV/AIDS to staff members, families and clients;
- Budget, procure, promote and distribute condoms to staff, families and clients;
- Develop a departmental plan on HIV/AIDS activities;
- Increase HIV/AIDS awareness to tax paying population;
- Provide care and support to infected and affected staff and families;
- Ensure that all-outgoing correspondence carry out HIV/AIDS messages; and
- Distribute information leaflets to staff and tax paying persons.

Ministry of Public Service and Information

Objective

To ensure that all human resources initiatives address HIV/AIDS and its impact in the civil society.

Strategies

- Develop and distribute a public sector information brochure on HIV/AIDS;
- Ensure the development of annual HIV/AIDS action plan and budget by all government departments;
- Ensure condom acquisition and distribution by all public service departments;
- Monitor existence of annual plans on HIV/AIDS activities by all sectors;
- Develop training programmes of HIV/AIDS in the public sector;
- Develop a public sector policy on HIV/AIDS;
- Develop a framework for managing HIV/AIDS in the work place;
- Develop and distribute public sector policy on HIV/AIDS for public servants and distribute information brochures and circulars;
- Monitor the existence of annual action plans on HIV/AIDS by public service departments;
- Ensure posts allocation in each ministry for the co-ordination of HIV/AIDS activity both at national and regional levels;
- Support training of trainers to conduct in service education and counselling to ensure that recognition and collective agreements are in line with employment code of conduct on HIV/AIDS of all public servants;
- Ensure multi-skilling of personnel in the civil service;
- Retrain / redeploy employees;
- Advocate for succession planning; and
- Conduct impact study on HIV/AIDS in the civil service.

Ministry of Health and Social Welfare

Objective

Provide medical care and support to HIV/AIDS infected and affected staff, their families and the public and provide information regarding social benefits, services and assistance available for those affected and infected with HIV/AIDS.

Strategies

- Ensure PLWHA have access to high quality, affordable medical services;
- Promote and engage communities and families in the caring and support of those infected and affected by HIV/AIDS;
- Prevent transmission of HIV from mother to child;
- Ensure availability of HIV testing facilities supported by effective counselling services;
- Prevent and control the spread of HIV/AIDS through adequate supply of condoms;
- Build capacity for STD and HIV/AIDS management;
- Monitor HIV epidemic and provide data to programmes by strengthening and extending existing surveillance systems;
- Ensure safe blood is available in Swaziland;
- Provide guideline on diet to PLWHAs;
- Produce and distribute IEC materials;
- Ensure that comprehensive counselling services are provided for those infected and affected;
- Inform public on the eligibility requirement for social benefits and support;
- Ensure that disabled people and their families have access to appropriate HIV/AIDS information and support;
- Provide support to the infected and affected individuals through the public assistance programme; and
- Support disadvantaged orphans to achieve their full potential;
- Work closely with other actions in the health care field.

Ministry of Justice and Constitutional Affairs

Objective

To ensure development and review of all laws, policies and guidelines by respective sectors, in terms of their appropriateness to HIV/AIDS and Human Rights with compliance with all laws and policies related to HIV/AIDS.

Strategies

- To review Bills and amend Acts in terms of their appropriateness to the National HIV/AIDS Policies;
- Ensure technical assistance and support to individual and families, who engage in HIV/AIDS legal disputes;
- Develop educational materials on Human Rights and HIV/AIDS, within the Swazis legal framework; and
- Conduct public education and orientation on the HIV/AIDS related legal aspects.

Correctional Services

Objective

To reduce the incidence of HIV/AIDS in the Correctional Services Department amongst inmates, officers and their families.

Strategies

- Collaborate with other Ministry/Departments to ensure implementation of a multi-sectoral approach to HIV/AIDS;
- Train of HIV/AIDS counsellors amongst officers;
- Provide education on HIV/AIDS to inmates, officers and their families;
- Establish institutional counsellors committees within the department;
- Encourage officers to know their HIV status and counselling;
- Establish support groups within the department;
- Prevent overcrowding of inmates;
- Distribute condoms to officers and their families;
- Proper treatment of STDs;
- Provide condoms to inmates;
- Provide protective garments/devises for officers at all duty stations; and
- Maintain confidentiality.

Ministry of Home Affairs

Objective

To prevent and control the spread of HIV/AIDS among staff members, students, sports people, out of school youth, disabled persons, clients, refugees and their families.

Strategies

- Ensure availability of HIV/AIDS information, education, communication and condoms for all persons linked to the Ministry of Home Affairs;
- Provide care and support to HIV/AIDS infected and affected persons;
- Acquire and distribute condoms at all border points, refugee points and camps;
- Develop HIV/AIDS policies that protect staff and their families, men, women and sports people;
- Develop and disseminate specific information, education communication materials and programmes for all target groups using relevant messages;
- Budget, procure and distribute condoms to all stakeholders within the ministry.
- Develop policies to protect vulnerable groups from sexual exploitation;
- Care and support those infected and affected with HIV/AIDS;
- Ensure and facilitate an enabling environment for voluntary counselling and testing;
- Facilitate HIV/AIDS awareness campaigns during national celebrations and sporting activities; and
- Review cultural norms, values and customs on inheritance, force marriages and polygamy.

Ministry of Public Works and Transport

Objective

To prevent and control the spread of HIV/AIDS within the Works, Transport and Communication communities.

Strategies

- Ensure compliance to the National Strategic Plan on HIV/AIDS;
- Ensure development of educational programmes on HIV/AIDS for all the respective works, transport, and communication communities;
- Ensure dissemination of information on HIV/AIDS information to all the works, transport and communication communities;
- Ensure the review of ministerial policies, in line with National Strategic Plan on HIV/AIDS;
- Comply with the Regional Policy (SADAC) on the HIV/AIDS and employment;
- Ensure infrastructure establishment within the works and communication companies;
- Give support to infected and affected workers and management staff of the ministry;
- Provide technical assistance to works, transport and communication companies to develop programmes on HIV/AIDS;
- Monitor the implementation of the education programme on HIV/AIDS by the respective works and communication companies;
- Ensure the existence of care and support services within the respective works, transport and communication companies;
- Budget and procure condoms including information materials on HIV/AIDS and distribute to ministerial employees; and
- Develop messages on HIV/AIDS for transport construction industries.

Audit Department

Objective

To audit the utilisation of HIV/AIDS resources to ensure maximum impact.

Strategies

- Audit the impact of the national response in relation to expenditure and funds utilisation;
- Ensure that all ministries / departments allocate for HIV/AIDS related activities from their budgets;
- Distribute information on HIV/AIDS to staff members and public;
- Procure and distribute condoms among the Ministry's staff;
- Plan for audit HIV/AIDS activities; and
- Distribute information, education and communication materials on HIV/AIDS prevention.

Private Sector Includes Swaziland Federation of Employers, Parastatal, Indigenous Business Community, Swaziland Federation of Trade Unions, Swaziland Federation of Labour and Chamber of Commerce

Objective

To prevent and control HIV/AIDS among economically active population.

Strategies

- Ensure that legislation, policies and collective agreement provide for HIV/AIDS issues;
- Promote awareness in HIV/AIDS in the workplace;
- Ensure care and support for the infected and affected employees and their families;
- Conduct HIV/AIDS impact studies on the business sector;
- Set up education, training, counselling and support systems within the companies;
- Co-ordinate the private sector response;
- Encourage employers to provide proper family friendly accommodation;
- Develop and produce appropriate training materials;
- Advocate that Government put in place occupation health and safety standards legislation;
- Organise forums and structures through which to promote HIV/AIDS education at all levels;
- Ensure equal treatment for HIV carriers and no discrimination in terms of training promotion and access to benefits;
- Prevent stigmatisation and victimisation by making these punishable in the workplace;
- Promote condoms use by both women and men to prevent the spread of HIV/AIDS;
- Develop a monitoring and evaluation tool for HIV/AIDS programmes in the workplace;
- Conduct training of trainers to build capacity for HIV/AIDS in the workplace;

- Ensure support and participation of employees and employers in the observance of the World AIDS Day;
- Create an enabling environment for voluntary counselling and testing; and
- Review legislation on transfer of married people in order to reduce the incidence of HIV/AIDS transmission.

**Swaziland National Association of Local
Authorities (SNALA)
Local Government (Town and Cities)**

Objective

To prevent and control the spread of HIV/AIDS in the urban population and to cope with its impact.

Strategies

- Improve the quality of life for the urban population;
- Involve the urban communities on issues that affect them;
- Build consensus at community, national and global levels on HIV/AIDS interventions;
- Strengthen and complement national and NGO effort on the epidemic;
- Build consensus on HIV/AIDS;
- Advocate for the launching of the Abidjan declaration in all municipalities;
- Establish multi-sectoral committees at local level;
- Create HIV/AIDS awareness in urban areas;
- Conduct research on the extent and impact of the epidemic;
- Mobilise resources to support HIV/AIDS activities;
- Conduct training to build capacity to manage and implement HIV/AIDS programmes;
- Create an enabling environment for voluntary counselling and testing facilities; and
- Develop suitable interventions focusing on affected youth, women and men.

Lutsango LwakaNgwane

Objective

To prevent and control the spread of HIV/AIDS among young girls and women through strengthening of traditional and cultural structures that promote sex education and women health at Regional Tinkhundla and Chiefdom levels.

Strategies

- Plan and implement HIV activities at regional tinkhundla and chiefdom levels;
- Train trainers among tindvuna telutsango at regional, tinkhundla and chiefdom levels;
- Develop information, education materials;
- Train libutfo trainers as according to groups 5-9, 10-14, 15-19 years;
- Revive good customs for example umcwasho which helps girls to be proud of their virginity;
- Revive liguma, lutsango if possible integrate into schools curriculum;
- Establish HIV/AIDS co-ordination committees under tinkhundla;
- Facilitate for resources mobilisation at regional tinkhundla and chiefdoms levels;
- Advocate for the establishment of programmes to cater for the aged;
- Develop region specific IEC materials and ensure dissemination;
- Ensure support to the infected and affected residents, in the respective regions tinkhundla and chiefdoms;
- Access affordable quality condoms at all levels;
- Ensure availability of care and support services to infected and AIDS patients at regions, tinkhundla, chiefdom and homestead levels;
- Collaborate with sectors to ensure a multi sectoral response to the HIV/AIDS epidemic;
- Develop structures to care for orphans at all levels; and
- Ensure co ordination, monitoring and evaluation at all levels.

Churches

Objective

To prevent and control of HIV/AIDS in the church community.

Strategies

- Train trainers on HIV/AIDS and prevention control;
- Promote Christian values and morality in the church;
- Develop appropriate information, education and communication materials;
- Facilitate the development of co-ordinated HIV/AIDS programmes within the church;
- Provide care and support for HIV/AIDS infected and affected church members;
- Provide orphan care and support; and
- Provide an enabling environment for counselling and testing.

Youth

Objective

- To teach young people about human sexuality including HIV/STI/AIDS;
- Develop and provide factual IEC material on all aspects of human sexuality to young people including HIV/AIDS/STIs.

Strategies

- Promote HIV/AIDS awareness through peer education of in and out of school youth;
- Develop target Information education communication materials;
- Train trainers on adolescent reproductive health and HIV/AIDS;
- Advocate for the youth friendly counselling and testing facilities at all levels;
- Promote effective collaboration among stakeholders;
- Integrate HIV/AIDS into youth workshops, functions and sports;
- Utilise traditional structures to reach youth in and out of school on HIV/AIDS issues;
- Promote abstinence and the upholding of Christian values and cultural norms that delay early sexual debut;
- Advocate for accessibility availability and affordability of condoms to sexual active youth;
- Improve, parent – child communication on HIV/AIDS and reproductive health issues;
- Establish an HIV/AIDS youth consortium;
- Advocate for the provision of affordable anti-retroviral drugs;
- Mobilise for the treatment and control for the HIV/AIDS;
- To empower young Swazis (both male and female) with knowledge and skills that will enhance their self-esteem and build a positive holistic responsible individuals with a well defined value system, so as to make informed decision on important areas of their lives and positively influence their peers;
- Train peer educators;
- Train service providers on youth friendly services;
- Strengthen advocacy of indigenous cultural practices with promote delay in sexual debut and responsibility;

- Promote collaboration among stakeholders;
- Advocate for accessibility, availability and affordability of condoms to sexual active youth; and
- Establish an sexual reproductive health (SRH).

Traditional Healers Organisation (THO)

Objective

To provide continuum of care and support to those infected and affected by HIV/AIDS.

Strategies

- Develop a traditional medicinal department to work in collaboration with the various relevant ministries with traditional health related programme;
- Introduce the element of continuum of counselling, treatment and care in the traditional medical health care facilities;
- Establish a register of all traditional medical health care front line service providers involved and empower as dispensers on their standardised traditional herbal medicinal plant products;
- Discuss mutual collaboration between the traditional modern health sectors;
- Develop a referral for managing HIV/AIDS STD and TB at all traditional medicinal health care facilities;
- Establish traditional herbal medicinal plant garden in all traditional medical centres so as to be easy for to collect urgent required herbs;
- Support the production of appropriate product herbal remedies based on input from traditional professional specialists;
- Reduce the economic impact of HIV/AIDS by helping to initiate sustainable and decentralised income generating activities through development of skills and micro projects through establishing local THO servings clubs;
- Establish free information centre, toll free hotlines, brochures and distribution and dissemination of information on HIV/AIDS STD and TB;
- Ensure treatment, care, counselling and support to all facilities with infected and affected THO members; and
- Establish traditional healers cultural village and herbal gardens, tourist attraction centre.

Non Governmental Organisations (NGOs)

Objective

To prevent and control the spread of HIV/AIDS particularly among the young populace in the various communities we serve.

Strategies

- Facilitate the dissemination of information on the prevention on the spread of HIV/AIDS;
- Advocate for the availability of required drugs and supplies;
- Build capacity for HIV/AIDS management and co-ordination;
- Advocate for availability of recreational facilities for the youth at communities;
- Ensure integrating on HIV/AIDS issues into all NGOs programmes;
- Familiarise key actors with HIV/AIDS policy;
- Develop print and distribute IEC materials to suit specific targeted groups;
- Promote and strengthen the counselling services in the country;
- Promote required drugs and suppliers where ever possible;
- Facilitate adequate understanding of the national HIV/AIDS policy by all key sectors;
- Provide emotional and material support to people living with HIV/AIDS;
- Provide support to families of people living with HIV/AIDS;
- Promote availability of user friendly facilities for voluntary testing;
- Facilitate community based research;
- Advocate for the availability of condoms at all service points;
- Advocate and lobby for the formulation of policies;
- Promote the right of infected/affected persons; and
- Conduct related and relevant research.

People Living with HIV/AIDS (SASO)

Objective

To reduce stigmatisation of People Living HIV/AIDS and promote counselling and voluntary testing.

Strategies

- Built capacity of people living with HIV/AIDS to promote the concept of positive living;
- Advocate for enactment of policies that protect the rights of the HIV/AIDS infected and affected persons;
- Support organisation such as schools, churches and families to adopt effective communication skills to make people discuss and understand STD/ HIV/AIDS issues within the context of respect of family values, social developments and sexuality;
- Respect rights of other people affected by HIV/AIDS in all spheres of live and save guard these rights ac;
- Provide education and information to the public to reduce discrimination against PLWHA;
- Encourage all breast feeding women whether HIV positive or not to use barrier protection methods to prevent early conception and HIV infection and reinfection;
- Promote good nutritional habits including information on vitamins and other nutrients;
- Promote quality care provision by health professionals, volunteers, family members and others as an essential component of care for PLWHA; and
- Mobilise resources to meet the needs of community based care.

Kings Office

Objective

To increase public awareness on HIV/AIDS in royal residence and promote prevention, care and support for clients to the Kings office.

Strategies

- Increase knowledge of STDs, HIV/AIDS modes of transmission so as to promote prevention through safe sexual practice in royal residents;
- Cooperate with all Government initiatives in the fight against the HIV/AIDS pandemic in Swaziland;
- Provide trained human resources who will function as volunteer educators for the various regiments resident in royal residents;
- Promote community mobilisation to advocate for behaviour change and moral living.
- Distribute relevant I.E.C. materials to the community in royal residents;
- Support all national initiatives in the fight against HIV/AIDS;
- Promote reduction of alcohol and substance abuse in royal residences;
- Use all traditional and cultural resources and events to promote safe sexual practice and behaviour change;
- Promote community ownership of all HIV/AIDS prevention initiatives

**ANNEX 2 – MEMBERS OF THE HIV/AIDS CRISIS
MANAGEMENT AND TECHNICAL COMMITTEE
AND THE SECRETARIAT**

Christabel Motsa	Chairperson	-	DPM'S Office
Jabu Dlamini	Alternate	-	DPM'S Office
Dr Vincent Matsebula	Member	-	PM'S Office
Victor Ndlangamandla	Member	-	Public Service & Inf.
Mumly Musi	Alternate	-	Public Service & Inf.
Nancy Mavuso	Member	-	Finance
Patricia Clancy	Alternate	-	Finance
Dumsani Mahlindza	Member	-	Econ. Plan. & Dev.
Zodwa Mabuza	Alternate	-	Econ. Plan. & Dev.
Dr. John Kunene	Member	-	Health & Soc. Welf.
Gladys Matsebula	Alternate	-	Health & Soc. Welf.
Doctor Simelane	Member	-	Education
Berthwell Ndlovu	Alternate	-	Education
Ericson Dlamini	Member	-	Enterprise & Emp.
Teresa Mlangeni	Alternate	-	Enterprise & Emp.
Nhlavana Maseko	Member	-	Traditional Healers
Isaac Dlamini	Member	-	Churches
Johannes Mazibuko	Alternate	-	Churches
Magutjwa Magagula	Member	-	Chiefs
Ndwandwe II	Alternate	-	Chiefs
Musa Hlophe	Member	-	F.S.E.
Dr. Richard Lemmer	Alternate	-	F.S.E.
S'phiwe Hlophe	Member	-	S.F.T.U.
Zodwa Mkhonta	Alternate	-	S.F.T.U.
Gugu Phungwayo	Member	-	S.F.L.
Marjorie Matsebula	Member	-	Lutsango LwakaNgwane
Authillia Nxumalo	Alternate	-	Lutsango LwakaNgwane
Dawn Dlamini	Member	-	Youth
Dzelisile Dlamini	Alternate	-	Youth
Kenneth Matsebula	Member	-	Swd AIDS Support Org.
Gcebile Ndlovu	Alternate	-	Swd AIDS Support Org.

Charles Magongo	Member	-	Media
Sarah Dlamini	Member	-	CANGO
Mamane Sukati	Alternate	-	CANGO
Sipho Nxumalo	Member	-	Agriculture
Absolom Dlamini	Alternate	-	Agriculture

Secretariat

Esther Dlamini	-	Co-ordinator
S'dumo Mahlalela	-	Administrative Officer