

SANAC Children's Sector Network Comment on Version 6 of National Strategic Plan for HIV and AIDS, STIs and TB 2007-2011

15 November 2006

The Children's Sector collectively represents thousands of organisations, working throughout the country in urban, peri-urban and rural areas to limit, mitigate and redress the increasingly negative impact of HIV and AIDS on hundreds of thousands of children's lives, and on the lives of the women and the families and communities that nurture and care for them. The Children's Sector is comprised of representative and diverse groupings in terms of type of organisation (community-based and NGO service providers), geographic location, issues represented, and level of operations (community, provincial and national bodies).

Our network members includes networks, that bring together thousands of organisations, which provide the bulk of civil society support to children who are coping with violence, abuse, neglect, exploitation, children who are living in poverty, children who live with HIV and AIDS (CLWHA), as well as children affected by HIV and AIDS. The issues covered by network members include: Social security, HIV/AIDS, Childcare, ECD, Education, Development, Abuse & Neglect, Exploitation, Substance Abuse, Children Living and Working on the Streets, Healthcare, Home Based Care, Palliative Care, Psycho-Social Support and Mental Health, Legal, Human Rights, Juvenile Justice, Media & Communications, Disability, Women and child participation.

Comments were requested from all network members as well as specialised resource groups. Appreciation is extended to those who made specific contributions

- BigShoes Foundation
- CADRE
- Childline
- Children's Institute
- Children's Rights Centre
- Wits Paediatric Clinic
- Lawyers for Human Rights
- Western Cape- NACOSA, CHAIN

Unfortunately due to time constraints it was not possible to consolidate all the sector's inputs into a single document. Separate submissions are being made that focus on the paediatric bio-medical and the palliative care aspects. The SANAC Children's Sector Network supports these submissions.

The comments and suggestions presented in this input are specific to version 6 of the National Strategic Plan 2007-2011. The Children's Sector made a number of observations and proposals prior to the first draft of the document being circulated. Many of these comments stand. Some of the points are highlighted in this document as they are considered to be critical in the sector's analysis, and appear to require further attention in the current version.

General Comments

The Children's Sector welcomes the serious efforts to both improve the draft document and to share these widely.

The NSP as a document

1. This purpose of this document should
 - a. Set out clearly and accessibly the country's (government and civil society) approach to addressing HIV/AIDS, STIs and TB
 - b. Scope of issues to be more clear y and consistently articulated – Is it HIV/AIDS and STIs AND TB. TB is missing in the title and in other areas.
 - c. Rationale for what is being kept, removed/changed, and added
2. Simpler and clearer document that
 - a. Title to reflect HIV/AIDS, STIs and TB and then used consistently throughout
 - b. Improve organisation of document
 - c. Serious technical and language editing
 - d. Presents the status of the epidemic, its impact and the implications for refining and enhancing our response
 - e. Window of opportunity for prevention only lost, need to address new infections + increasing morbidity and mortality and mitigating the effects thereof simultaneously - 3 epidemics cannot be separated
 - f. What we have in place as part of government programme
 - g. Separate strategic from implementation plans
 - h. Govt and Sectoral responses seem to hang in mid-air do not really add anything to the document in their current form.

Approach to different levels of planning and coordination and way forward.

3. Implications – should not have different strategic plans for different departments, sectors or organisations, rather operational plans that put strategies into practice (p13 align their strategies for addressing HIV and AIDS and to develop departmental and sector specific).
4. How and who will implement – Lead agencies to be in Implementation document, SANAC restructuring to address this.

Ages and Children

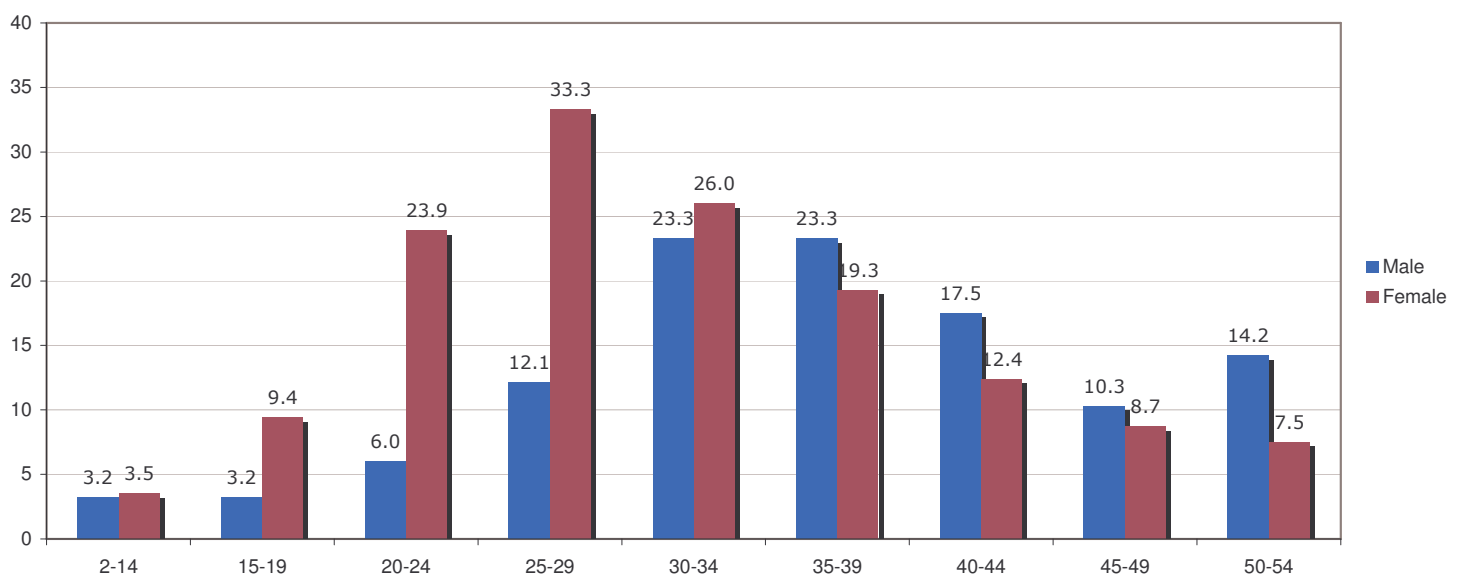
Children, according to South African law and internationally accepted norms, are people under the age of 18 years. This has legal, rights and developmental implications in terms of fulfilling, protecting and promoting their rights.

Children unlike other vulnerable and marginalized groups can not realise their rights independently of adults. Adults are duty bearers. This makes them unique as a

vulnerable grouping in that our aims are not to empower them as a single grouping to be able to claim their rights, but to ensure that adults do so for children in ways that are appropriate to their ages.

Children are not a homogenous group and age the single most distinguishing variable in terms of their capacity and special needs. The National Strategic Plan must give due accord to this imperative.

For example when HIV prevalence of 15-24 year olds is separated into 15-19 and 20-24 year olds, there are dramatic differences that should guide our responses.



HIV by sex and age group From *NM/HSRC II 2003/2005*

- a. It is critical that in all analyses, interventions and surveillance children are not grouped with adults. This is particularly important for teens who are frequently referred to ad adults, men and women together with young people in their twenties. This clustering hides children and dis-empowers us (duty bearers) by distorting our understanding of the situation from formulating appropriate responses. This trend is seen in ante-natal survey and other data on prevalence, first sex initiation, condom use, school attendance, etc should all disaggregate for gender and for under 15, 15-18 yo, 19-24 at least. Where possible and appropriate to also include information on 6-10, under 5 and under 1 year olds.

- b. Young people aged 15-19 rather 20-39 as people in their late 20's and 30's are not young people
- c. The use of age bands and designation of these as children, youth and adults needs to be consistent and in keeping with legal definitions and obligations

Comments on Sections

Situation Analysis

1. Need to have **clearer articulation of impact assessment**. The current version has substantial epidemiological descriptions, however the effect of this is not described clearly enough for individual, family and community life as well as on the services and systems by which society ensures that rights are fulfilled and protected. A new subsection could be created that addresses this and incorporate some of the points under “Additional information from the survey:
 - The socio-economic impacts are linked to the burden of illness and death on households (MRC, 2005):”
2. There are reservations about the assertion that incidence has decreased. This is likely to be a contentious point.
3. Prevalence has remains fairly stable for females <20 at national level, while it should be declining in this age group. The presentation of this as a positive development rather than a collective failing on our part (society – government and civil society – collectively and individually) does not adequately describe our challenges.
4. The reflection of variations in HIV prevalence patterns adds to the description and gives context for local level information.
5. It is worrying to have a statement that the epidemic is stabilizing for two reasons: one, in some contexts (and provinces) it is increasing and two, where prevalence is very high it may be stabilizing as a product of very high number of infections in relation to very high number of deaths. These both have implications for prevention, treatment, care and support, and impact mitigation for children.
6. More consistent referencing of statements made in the epidemiological analysis for HIV/AIDS, TB and STIs would strengthen the document. It is proposed that data be better triangulated. A collaborative grouping of South African researchers could be tasked with editing this section.

7. Brief overview of factors that drive the epidemic including poverty, violence, inequity, alcohol and drug abuse, gender is still missing. While gender is touched on, violence is noted only in relation to women, while children are also directly and indirectly affected. Alcohol, which is a strong factor in risky and violent behaviors, has not been mentioned at all.

Response analysis

1. While the effort and challenges inherent in compiling this section are acknowledged, it lacks analysis of the broad-based response to HIV. There is inadequate reflection of the significant contributions made by civil society. This overview description of the responses is sorely in need of some, even cursory analysis. In addition to what is being done - How are we doing in prevention? In treatment? Care? Support? Impact mitigation? Human Rights and the Law? Research? M&E?
2. Internally inconsistent statements need to be addressed. For example “The national TB Control Programme (NTBCP) is doing all that is necessary to implement the DOTS Strategy. However, both the incidence and the mortality from TB disease have recently increased’ are confusing. If all that was necessary has been done then incidence and mortality would not be increasing.
3. The presentation of government and civil society responses individually could be complemented by description of the relationship between government and civil society in addressing the pandemic cooperatively.

Research, monitoring and evaluation

It is suggested that additional points be added to acknowledge the extensive and high-quality research that has been conducted into the social and economic impacts of the epidemic at different levels and on different groups including children, their caregivers and older persons.

Legal audits and policy and legislative reviews have also been conducted in relation to children and HIV and AIDS. Details of these can be provided.

Indicators

There is quite a bit more work that needs to be done on indicators, and there has not been sufficient time to work through this meaningfully. These should be expanded into key indicators that drive HIV infection. Additionally, provincial and district analyses are

needed– for example, antenatal HIV prevalence at provincial level by age and other categories. Additional demographic data could also be collected amongst antenatal attendees. These overall need a specialist discussion. Points can't readily be made as comments. We suggest a specialist sub-group be appointed to attend to this.

Priority Areas

After careful reflection and attempts to ensure that children's issues are adequately and appropriately reflected in this section, it is proposed that Mitigation of Impact be added as Priority Area 3.

Prevention

We suggest that family planning and STI be added into the testing targets.

Treatment, Care and Support

1. A key intervention for children is the need for regular developmental screening for all children infected with HIV under the age of 3 years. High levels of disability are preventable and rehabilitation is vital especially in the early years.
2. Treatment should include referral to appropriate rehabilitation services. Physiotherapists, Occupational Therapists and Speech therapists should be an integral part of the management team for children with HIV.
3. The inclusion and integration of palliative care must be fundamentally strengthened, including effective pain management, for adults and for children. We refer you to the Palliative Care submission for specific recommendations.
4. Home-Based Care needs to be integrated with community-based services generally and formally linked to the government and private sector health services.

Human Rights and legal

1. Identify and address gaps in legislation both existing and developing legislation, as well as new issues that weaken or act against holistic, comprehensive responses (Sexual Offences Bill – pregnancy and STI prevention for child and adult survivors of sexual assault.)

2. Strengthen links with Inter-sector Committee and a National Policy Framework for the Management of Sexual Offences. Two critical role-players are absent from the Committee and the process of developing the NPF – Education and Civil Society. This should be remedied.

Impact Mitigation

The OVC Policy Framework sets out relevant goals, objectives and intervention. There should be cross-referencing of this in this document.

Within this NSP on HIV, AIDS, STI & TB the objectives and interventions addressing protection and support for children require serious attention. It has not been possible in the timeframes to make considered recommendations other than to harmonise and coordinate between the OVC Policy Framework and the NSP around impact mitigation with specific objectives and interventions that are developed for different age groups. These need to include: prolonging and improving the quality of life of parents and caregivers, strengthening social safety nets especially with attention to 24 hour around the calendar crisis services, ensuring access to safe education, etc.

Targets

At a very broad level, District, provincial and national level targets should be set, with specific sub-targets for children.

It has not been possible to conduct a detailed analysis and make proposals for this draft. However, concerns have been noted, and can be communicated with more time.

Research, monitoring and evaluation logframe

Establish and implement a functional M&E system: this need to take into account the fact that there are numerous repeat surveys occurring already, so one is hardly 'establishing' anything. It has to do with consolidating the various surveys against locally appropriate indicators that are sufficient for measuring what we need to know relative to the epidemic at any given time. (Surveys include NM/HSRC, RHRU, DHS 2003 – notably not released by DOH and pressure needs to be brought to bear to do so, DOH/KHOMANANI/JHU/CADRE/SC communication survey – being released in stages as from now, etc).

There is quite a lot of overlap across the surveys above and they do not provide all the information we need in order to assess implementation and processes. We need to establish and implement a functional M&E system as a matter of urgency.

[Submission ends]