

ANNEXTURE A

**HIV/AIDS STRATEGY**



# LESEDI LOCAL MUNICIPALITY

## **MULTISECTORAL HIV&AIDS STRATEGY AND PROGRAMME OF ACTION**

**2011/2012**

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## **ABBREVIATIONS**

|       |  |
|-------|--|
| AIDS  | Acquired Immuno Deficiency Syndrome        |
| ART   | Antiretroviral Treatment                   |
| CBO   | Community Based Organization               |
| FBO   | Faith Based Organization                   |
| HBC   | Home Based Care                            |
| HCT   | HIV Counseling & Testing                   |
| HIV   | Human Immuno Virus                         |
| IDP   | Integrated Development Plan                |
| NGO   | Non Governmental Organisation              |
| OVC   | Orphans & Vulnerable Children              |
| PEP   | Post Exposure Prophylaxis                  |
| PLHIV | People Living with HIV                     |
| PMTCT | Prevention Of Mother to Child Transmission |
| SAPS  | South African Police Services              |

## **1. INTRODUCTION**

### **Background**

In its early upsurge, HIV&AIDS was regarded almost exclusively as a medical problem. However, as its socio-economic impacts escalated and human tragedies unfolded, it became apparent and evident that this scourge is a major human development threat.

HIV&AIDS most likely strikes hard where there is a level of socio-economic inequality, paralyzing hard earned household incomes and subsequently reconfiguring families due to AIDS related deaths.

The reversal of this epidemic and its socio-economic impacts requires the strategy that mobilizes civil society structures, the world of work as well as political involvement and participation across all spheres. The strategy should also promote the transformation of values, norms, attitudes and practices, underpinned by the principles of gender equality and human rights.

## **2. VISION, MISSION and VALUES**

### **2.1. Vision**

Lesedi strive to provide a safe environment for all to initiate and sustain HIV&AIDS programmes that are aimed at preventing new infections; eliminating stigma; and improving the lives of people living with HIV and support the affected families.

### **2.2. Mission**

We shall support, promote and provide sustainable needs-driven and output-oriented HIV&AIDS programmes that are accessible and affordable, through cooperative governance and partnerships.

### **2.3. Values / Principles**

The successful execution of the interventions and the achievement of goals and objectives should be underpinned by the following Principles / Values;

- Commitment
- Participation
- Transparency
- Confidentiality
- Respect
- Professional secrecy
- Patience
- Mentoring
- Proper coaching
- Trust
- Creativity

### **3. LESEDI HIV&AIDS STATUS**

Using the status of Sedibeng District's Antenatal Survey as our baseline, we have seen a 35% prevalence rate in 2006; 32.8% in 2007; 31.8% in 2008; 28.9% in 2009. With the HCT Campaign that is currently going on, the December 2010 Statistics reflect that out of 636 people that have tested, 162 are HIV positive of which 96 are males & 66 females. Like other Districts and Metros, Lesedi has interventions that are geared towards the mitigation of this scourge and the amelioration of the lives of the people of the Municipality. The following structures and strategic interventions have been put in place:

#### **Structures**

- The Workplace Committee which facilitates the implementation of the Workplace Programme and the Workplace Policy. This also encompasses the Employee Health & Wellness as well as interacting with the Occupational Health & Safety Committee
- NGO Funding Committee, which verify, assess and recommend NGOs for Provincial approval. These committees follow the prescribed criteria for funding. The funded NGOs would then render various services in terms of education, treatment, care and support
- The Local Aids Council which displays a leadership role and oversee the implementation of the AIDS Strategy. The Council also mobilizes, advocate and lobby community, different structures and business support for HIV&AIDS.
- Intersectoral HIV&AIDS Committees with clear roles and responsibilities for each sector to assist reduce the spread. Eg NGO's ; FBO's ; Men's Forum ; Traditional Healers etc.
- Interdepartmental Committees that assist in streamlining HIV&AIDS activities in respective Departments as required by the National, Provincial and District mandates
- Ward Based Programs implemented by HIV&AIDS Ward Co-ordinators in their respective wards

#### **Interventions**

- Sexually Transmitted Infections Management and Treatment ( STI's ) @ Hospital & all Clinics
- HIV Counselling and Testing ( HCT ) @ Hospital, all Clinics & some NGO's
- Prevention of Mother To Child Transmission ( PMTCT ) @ All Clinics
- Tuberculosis ( TB ) and TB / HIV Collaboration @ Hospital & All Clinics
- Antiretroviral Therapy @ Sizanempilo, Usizolwethu & Ratanda Clinics
- Post Exposure Prophylaxis @ Heidelberg Hospital
- Communication through media, billboards, door to door campaigns, posters, pamphlets and educational talks

These are the Health Facilities within the Lesedi Area :

- Heidelberg Hospital
- Sizanempilo Clinic
- Heidelberg Clinic
- Rensburg Clinic
- Ext 23 Clinic
- Ext 7 Clinic
- Ratanda Clinic
- Jameson Park Clinic
- Vischkuil Clinic
- Usizolwethu Clinic

These are the NGO's within the Lesedi Area :

#### **DEVON / IMPUMELELO**

- Siyaphila Home Based Care – Home Based Care  
Ms Ethel Bhunu ( 0790276696 ) 101 Ikwezi Street, Impumelelo, Devon
- Bring Hope – Support Group & Orphans & Vulnerable Children ( OVC )  
Mr Steven Mokoena ( 0767712819 ) 10 Ikwezi Street, Impumelelo, Devon
- HEAPS – Treatment Adherence & Nutritional Supplements  
Ms Lindi Sikabade ( 0176880598 ) 4 Derwig Street, Old Standard Bank Building, Devon
- Phola Hospice – Patient Care Centre  
Ms Mirriam Mayisa ( 0786998701 ) 449 Khuthala Street, Impumelelo, Devon

#### **VISCHKUIL / ENDICOT**

- Boiketlo Community Based Care – OVC – Cynthia Skosana ( 0781787668 )  
78 Melman Road, Endicott / Vischkuil 1574
- Boiketlo – Home based Care – Vivian Majola ( 0736553536 / 0117301021 )  
116 Melman Road, Endicott / Vischkuil 1574
- St. Martin De Pores Development Project – Drop In Centre –  
Ntswaki ( 0725174039 ) Plot 18 First Avenue, Endicott / Vischkuil

#### **RATANDA EXT. 7 / 8**

- Ikhono Care Group – Home Based Care, OVC, Support Group  
Mr Skhosana ( 0838563111 ) 5053 Ext 7 Ratanda, Heidelberg 1441

#### **RATANDA EXT. 23/26**

- Osizweni Care & Support Group – OVC  
Ms Mamhawu Mqwathi ( 0730037632 ) 3731 Mthombeni Street, Ext 23
- Indawo Yosizo – Home Based Care  
Mr Rudolph Kruger ( 0844041966 ) Apsey Street, Heidelberg

#### **JAMESON PARK**

- Mohau Wa Bophelo – Support Group for the PLHIV's  
Johanna Ncala ( 0827354265 ) 329 Smuts Ave. Jameson Park
- The Fort Community Project – Youth Development, OVC, Management of Lesedi Care Centre, Mentoring & Coaching.  
Buyiswa Mabaleka ( 07962504069 ) 3131 Jumna Street, Shalimar Ridge

## **RATANDA**

- Bambanani Organisation for the Physically & Mentally Disabled  
Ms Khumalo ( 0729436453 ) 2865 Nkitsing Street, Old Spornet Hostel, Ratanda
- The Light of Hope – Education & Awareness – HTA Programme  
Ms Martha Mahlangu ( 0839229567 ) 318 Mazibuko Street, Ratanda
- Lebone – Drop In Centre  
Mr Sthembiso Radebe ( 0835285026 ) P.O. Box 74, Heidelberg 1438  
Othandweni Association for the Disabled  
Ms Comfort Matekane ( 0761924316 / 0163437513 ) 1263 Hberg Rd.
- SANCA – Education & Awareness on Drug and Alcohol Abuse  
Ms Suzette Nel ( 0163492892 ) 42 Smit Street, Heidelberg, 1438
- SAMAG ( South African Men’s Action Group ) Men’s Forum  
Mr Moses Tsotetsi ( 0163437708 / 0767096735 )  
P.O. Box 965, Heidelberg 1438

## **4. CHALLENGES**

The advent of HIV&AIDS has presented the Country with enormous challenges. Some of the challenges are inherited from the past. The Municipality is faced with more challenges, but for this purpose below is the brief outline of some of the challenges :

### **4.1. Macro-Challenges**

#### **4.1.1. Political commitment**

This is very vital, as this will lead to the communities of Lesedi to rally behind their leaders. It is not that there is no commitment; rather the emphasis of their much-needed support is imperative and crucial.

#### **4.1.2. Funding of HIV&AIDS Programme**

Inconsistent Funding from the Department of Local Government & Housing to run the Municipal HIV&AIDS Programme impacts on the progress made. Eg. No funds have been received for the Financial Year 2010/11.

Ward HIV&AIDS Co-ordinators rely on the very funding hence they are on contractual basis whereas they are a great need in the implementation of Ward Based Programmes The Municipality should consider employing them on a full time basis.

Very few NGO’s in Lesedi are funded by Department of Health & Social Development Delay in payments of NGO’s funded by Health & Social Development impacts on HCT Services at our health facilities as well as HBC Services in our Communities

#### **4.1.3. Poverty alleviation**

This is one crucial contributory factor to HIV infection and the increase in the impact of AIDS. Collaboration with other departments and sectors will alleviate the burden of the disease and improve the lives of the indigent people.

#### 4.1.4. Unemployment

It is an open secret that the rate of employment is still low, though the rate in Lesedi is relatively above the other Districts and Metros. Unemployment in itself degrades the status of men in particular, who in turn resort to unfavorable social behaviors like rapes and crime

#### 4.1.5. Status of women and children

They are vulnerable to all sorts of abuse.

This results in them unintentionally being the victims of this scourge. Different women and children initiatives need concerted efforts and improved coordination for a common goal. Local Programme Against Children (LPAC) should form the center stage for children service delivery.

### **4.2. Micro-challenges**

#### 4.2.1 Strengthening Programme Coordination and Management

It is important that all activities are effectively coordinated and managed. The programme needs a dedicated coordinator for all the levels. Lesedi as a Municipality should speak in one voice in issues relating to HIV&AIDS/TB. There should be synergy in all the levels within the Municipality for effective and cost-effective use of resources.

#### 4.2.2. Strengthening the control and management of STIs

This is one of the most essential components in the fight against HIV&AIDS. The effective case finding and management of partners/contacts will assist ameliorate the lives of the communities. Much as there is a need for awareness of HIV&AIDS, the STI awareness and management forms an integral part in the struggle

#### 4.2.3. Management of HIV&AIDS TB

It is fact now that HIV&AIDS and TB cannot be divorced. Initiatives geared towards managing dual infections should be urgent and be treated as emergencies

#### 4.2.4. The Place of Work

It is time to consider the workplace environment as the target for HIV&AIDS awareness. This will enhance the employer/employee relation, reduce stigma, improve disclosure and increase participation

#### 4.2.5. Institutions of higher learning

Most of the vulnerable age groups are housed in these institutions. Failure to infiltrate them will result in the Municipality producing a cadre of incumbents who would not enjoy workplace and contribute to the economy.

#### 4.2.6. Businesses

HIV&AIDS awareness should be multi-pronged, one element being the businesses. The decrease in economy due to HIV&AIDS will affect their profit, thus their importance in the fights against this scourge.

#### 4.2.7. Integrating HIV&AIDS into the PHC setting

It is important that the facilities are able to manage opportunistic infections and are aware of networking structure outside the health facilities for improved quality care

### **5. STRATEGIC INTENT**

The Lesedi Local Municipality through the IDP has identified goals and strategic objectives that will assist focus interventions. They are;

#### **5.1. Goals (IDP)**

- Reduce new infections
- Reduce the impact of AIDS
- Organize an effective response to the pandemic

#### **5.2. Strategic objectives (IDP)**

- Community mobilisation and communication
- Prevention and education
- Services in support of behavior change
- Care and support of people living with HIV/AIDS
- Intersectoral collaboration
- Interdepartmental collaboration

### **6. ASSUMPTIONS**

It will be of prime importance if the following assumptions are noted;

- Political commitment
- Common HIV&AIDS/TB conceptual understanding by top management structures
- Availability of funds
- Active participation of stakeholders
- The spirit of good governance prevailing between all spheres of Government
- Community participation
- Equitable distribution of resources
- Budget is linked to activities
- There is regular progress reviews

- All relevant policies and procedures are communicated and known to all the levels
- The Municipality effectively collaborate with other clusters, municipalities and departments to ensure implementation of the programmes in the facilities
- Referral networks are fully utilized
- Support services like corporate and finance are fully used

## 7. FOCUS AREAS

### 7.1. Social Mobilisation

- Legal and policy environment
- PLHIV support groups
- Interdepartmental collaboration
- Inter-Sectoral Collaboration including Civil Society

### 7.2. Prevention

- Sexually Transmitted Infections treatment & management
- HIV Counseling and Testing services
- Prevention of Mother to Child Transmission
- Youth education
- Provide Post Exposure Prophylaxis
- Reduce the incidences of Tuberculosis
- Condom distribution
- Awareness Campaigns

### 7.3. Continuum of Care

- Provide treatment care and support services in the health facilities
- Provide treatment care and support services in the communities
- Provide care to children in distress
- Provide appropriate post exposure prophylaxis

### 7.4. Monitoring, Research and Surveillance

- Conduct research
- Regular surveillance

## 8. ROLES AND RESPONSIBILITIES OF STAKEHOLDERS

| STAKEHOLDER                               | ROLES AND RESPONSIBILITIES   |
|---|--|
| Local Municipality                        | Co-ordinate and implement local Programmes   |
| Department of Health & Social Development | Drive Health-oriented programmes i.e. HCT, PMTCT, TB, ART, PEP, STI's, NGO Funding and children, women, elderly, disabilities & youth services |
| Department of Education                   | Drive skills-based education in schools and also assisting in the identification of orphans and child – headed houses                          |
| Department of Labour                      | Transfer poverty alleviation skills to people infected and affected by HIV&AIDS  |
| Department of Home Affairs                | Assist with birth certificates and ID's in order to access social grants   |

| <b>STAKEHOLDER</b>                      | <b>ROLES AND RESPONSIBILITIES</b>   |
|---|---|
| SRAC                                    | HIV&AIDS prevention programmes - Sports against AIDS  |
| Department of Agriculture               | Skills for food gardens for the PLHIV's and indigents   |
| Department of Transport                 | Prevention & treatment programmes for employees, truckers, bus & taxi industry                                      |
| Department of Correctional Services     | Prevention, treatment, care & support for inmates & employees   |
| Faith Based Organizations               | Moral, prevention, care & support programmes within churches & members of the congregation in the community         |
| Traditional Healers                     | Prevention, care & support programmes. Referral system  |
| People living with HIV                  | Human rights issues, prevention, treatment, care & support programmes   |
| Women                                   | Drive women empowerment issues  |
| Men                                     | Lead in Men in Action Against HIV&AIDS, women & children abuse and values   |
| NGO's / CBO's                           | Prevention, treatment, care & support programmes. HBC, hospice beds, peer education, drama & high risk areas        |
| Unions                                  | Prevention, treatment, care & support programmes including employees, employer mobilization and workplace programme |
| Business                                | Workplace Programmes & social responsibility  |
| Local Municipality                      | Co-ordinate & implement local programmes  |
| District Multisectoral AIDS Directorate | Facilitates, co-ordinates, develops policies and provide technical and tactical support to all stakeholders         |



**LESEDI LOCAL MUNICIPALITY  
DEPARTMENT OF COMMUNITY SERVICES  
HIV&AIDS BUSINESS PLAN FOR 2011/12**

| STRATEGY   | OBJECTIVE                                    | ACTIVITIES   | COST JUSTIFICATION  | COST   |
|--|--|--|---|--|
| <b>Promote HIV&amp;AIDS understanding, Treatment, care &amp; support</b> | Safer Sexual Practices                       | <ul style="list-style-type: none"> <li>- Ensure increase of utilisation of HCT services</li> <li>- Support the reduction of Multiple &amp; Concurrent Partners</li> <li>- Ensure increase of utilisation of circumcision services</li> <li>- Increase condom distribution &amp; IEC material</li> <li>- Empower communities through CBO's &amp; targeted Projects</li> </ul> | <ul style="list-style-type: none"> <li>- Appoint 13 Ward Co-ordinators @ R120 000.00 X 12 months each</li> <li>- Conduct meetings / workshops / training for 13 Co-ordinators @ R100.00 each per month</li> <li>- Recruit 350 volunteers to do Door to Door Campaigns @ R300.00 per volunteer once per quarter</li> <li>- Fund Traditional Healers, FBO's, HTA NGO &amp; the Men's Forum Project each @ R20 000.00 for a period of 12 months</li> </ul> | <p>R1, 560 000.00</p> <p>R13 000.00</p> <p>R420 000.00</p> <p>R80 000.00</p> |
|  | Access to treatment, care & support services | <ul style="list-style-type: none"> <li>- Facilitate increase of CCMT enrolment</li> <li>- Ensure increase of TB/HIV collaboration</li> <li>- Promote increase of STI treatment</li> <li>- Support increase of children services</li> <li>- Ensure increase of care &amp; support services</li> </ul>   | To be incurred by Health & Social Development   |  |
|  | Viable Workplace                             | <ul style="list-style-type: none"> <li>- Increase the number of workplaces with tangible programmes</li> </ul>   | 4 Education & Awareness Campaigns for 600 employees @ R100.00 each  | R240 000.00  |

| STRATEGY | OBJECTIVE  | ACTIVITIES  | COST JUSTIFICATION   | COST                                |
|----------|--|---|--|-------------------------------------|
|          | Programmes, including human rights & Mainstreaming             | <ul style="list-style-type: none"> <li>- Improve human rights programmes</li> <li>- Improve mainstreaming</li> </ul>  |  |                                     |
|          | Effective co-ordination, monitoring, evaluation & surveillance | <ul style="list-style-type: none"> <li>- Improve the effective co-ordination of the AIDS Council</li> <li>- Improve the co-ordination of intersectoral collaboration</li> <li>- Review monitoring tools</li> <li>- Conduct operational research &amp; surveillance</li> </ul> | <ul style="list-style-type: none"> <li>- Conduct meetings / workshops / training for 50 AIDS Council members @ R100.00 each per quarter</li> <li>- Conduct intersectoral collaboration meetings / workshops / trainings per ward across the 13 wards of Lesedi for 100 members @ R100.00 each per quarter</li> </ul> | <p>R20 000.00</p> <p>R40 000.00</p> |
|          |  |   | <b>TOTAL</b>   | <b>R2,373 000.00</b>                |