

**DEPARTMENT OF SOCIAL SERVICES**

**STI/HIV/AIDS/TB AND COMMUNICABLE DISEASES**

**BUSINESS PLAN**

**2003/2004**

## TABLE OF CONTENTS

CONTENTS	PAGE
1. EXECUTIVE SUMMARY	3
2. VISION, MISSION AND VALUES	4
3. CURRENT STATUS	4
3.1 NATIONAL STI/HIV/AIDS STATUS	4
3.2. SEDIBENG STI/HIV/AIDS STATUS	5
4. FUTURE SITUATION	6
5. CHALLENGES	6
5.1. MACRO-CHALLENGES	6
5.2. MICRO-CHALLENGES	7
6. STRATEGIC INTENT	8
6.1. GOALS	8
6.2. STRATEGIC OBJECTIVES	8
7. ASSUMPTIONS	8
8. KEY PERFORMANCE AREAS FOR STI/HIV/AIDS/TB	9
9. KEY PERFORMANCE AREAS FOR COMMUNICABLE DISEASES	10
10. BUDGET	
11. AWARENESS PROJECTS	
12. YEAR PLAN	
13. ANNEXURES FOR PROGRAMMES	

### 1. Executive Summary

The advent of the new democratic order since 1994 in South Africa has brought many challenges in the country, communities and individuals. Whilst major gains have been made in a wide range of areas, formidable tasks still remain. HIV/AIDS is one such field where challenges seem to be growing day by day.

South Africans are suddenly faced with integration of different cultures and exposure to novel influences that demand different coping strategies and skills. Moral degeneration, unemployment, poverty and high mobility of communities and homes are some of the manifestations of how people are adapting or are failing to adapt.

Not only children with special needs, but also parents from various backgrounds and methods need continuous metamorphosis to develop better survival and developmental skills to mitigate the impact of HIV/AIDS and assist ameliorate their lives

The dawn of democracy saw the emergence of new interventions that are aimed at relieving the burden of the past regime. Prior to 1994 service and interventions were not community needs oriented. This is evidenced by the hospi-centric approach that was implored then.

Currently pieces of legislation that have been developed during this exciting era present opportunities for every member of the community to make input into the developmental phases of the community. However, the upsurge in the rate of certain illnesses threatens to wipe away all this hard earned human development.

Diseases such as childhood vaccine preventable diseases, cholera, malaria, TB and HIV/AIDS and others come to mind. These diseases are further fuelled by the state of poverty and unemployment in the country.

HIV infection and the impact of AIDS are devastating the society. Tens of thousands of people have already died and many more are infected. One of the tragic consequences is the rapid rise in the number of orphans, as well as the household headed by children and the elderly grandparents.

This document presents the business plan for STI/HIV/AIDS and other communicable diseases for the financial year 2003/2003. The plan will accustom and outline the Vision, Mission and the Values of the Council; provide a brief status of STI/HIV/AIDS in the District. These will guide the interventions that should be employed for the mitigation of this scourge.

Since the country joined the epidemic fairly late, there exist many challenges from which lessons are/will be learned. These will be highlighted and the potential solutions as in strategic intent of the District Council proposed. It must however be noted that successful programmes are based on sound critical factors in the form of Key Performance Areas and sound financial backing, thus the document will also put forward Key Performance Areas, implementation plan to guide and focus the interventions and financial implications for each component. In conclusion, this plan will line projects as proposed in the IDP of the council.

## **2. Vision, Mission and Values**

### **VISION**

Secure safe and healthy life for the people of Sedibeng

Safe, caring and sustainable and developmental climate for users of the service and the communities of Sedibeng

### **MISSION**

To facilitate and promote needs driven and cost effective social services through strengthening cooperative governance, effective, efficient management and appropriate staff development, partnership with communities and others stakeholders, to ensure equitable, accessible, available, affordable and sustainable services within the Sedibeng District

### **VALUES**

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

- Transparency
- Confidentiality
- Respect
- Professional secrecy
- Patience
- Mentoring

- Proper coaching
- Trust
- Creativity

### **3. Current Status**

#### **3.1. National STI/HIV/AIDS Status**

In the last few years, the previously largely silent HIV epidemic in the country has shifted to a more visible AIDS epidemic. The impact of AIDS on health services, families and communities is emerging to be more devastating than ever and is increasing. The subsequent result is the increased burden of HIV/AIDS to households and communities.

South Africa is in the AIDS epidemic era, this is evidenced by the number of deaths and the increase in the number of orphans and child headed households. The HIV/AIDS epidemic poses a serious threat as cited by 24.8% infected pregnant women of the 16 730 blood samples tested in the country. However, despite the figures, the South African Government sighed with relief to see that the graph is starting to plateau. Though it is still early to predict what will happen in future, for now it looks like the interventions introduced by the Government are bearing fruits.

Targeted groups like the youth 21-24 years showed a decline. The survey still show more females been infected than their male counterparts. This is in contrast to the HSRC study, which portrays 9.3% prevalence. Nevertheless the figure is still of the greatest concern in that the country is faced with the soon to die active population, of which most of them have Tertiary qualifications and are due to contribute to the economy of the country.

There seems to be an increased infection in the age group above 45 years. This becomes a major concern in that middle, averagely active adults are starting to live the 'don't care type of life'

#### **3.2. Sedibeng District Sti/Hiv/Aids Status**

Like other Districts and Metros, Sedibeng has interventions that are geared towards the mitigation of this scourge and the amelioration of the lives of the people of the District. For the past few years, the following structures and strategic interventions have been put in place;

##### **Structures**

- Local municipality NGO funding committees, which verify, assess and recommend NGOs for Provincial approval. These committees follow prescribed criteria for funding.
- District AIDS Council and Local Aids Councils. These structures mobilize, advocate and lobby community and business support for HIV/AIDS
- Intersectoral HIV/AIDS committees with clear roles for each department to assist reduce the spread.
- Interdepartmental Committees that assist in streamlining HIV/AIDS activities in respective Departments as required by the National and Provincial mandates

## Interventions

- Voluntary Counseling and Testing (**VCT**) with 10 sites providing the services.
- Prevention of Mother to Child Transmission (**PMTCT**). The following sites are providing the service;

<b>Emfuleni</b>	<b>Midvaal</b>	<b>Lesedi</b>
Sebokeng Hospital	Pontshong Clinic	Heidelberg hospital
Levai Mbatha CHC	Meyerton Clinic	Rathanda Clinic
Kopanong Hospital	Randvaal Hospital	Heidelberg
Johan Heyns CHC		
Empilisweni Clinic		
Sharpeville CHC		
Boipatong Clinic		
Bophelong Clinic		
Market Clinic		
Mr Helga Kuhn Clinic		

- Non- Occupational Post Exposure Prophylaxis (**Non-Occ-PEP**), to provide prophylaxis and for rape survivors. The following sites provide the service in the District;

- Kopanong Hospital
- Sebokeng Hospital

- Condom distribution in all health facilities, municipal buildings, shops, taverns and petrol stations the only site for femodombs is Johan Heyns.
- Life skills programme in schools has been reinforced. HIV/AIDS education at schools has been elevated to become a curriculum subject.
- Workplace policy advocacy and HIV/AIDS programmes which tries to assist departments to develop and implement policies and programmes
- Social Mobilisation which itself sensitizes all stakeholders in the communities to act and participate in the fight against HIV/AIDS
- Care interventions in the form of NGOs assisted activities to care for the infected and affected. Included in this care is the management of opportunistic infections, diflucan programme being actively provided by certain facilities in the District
- Support groups for people living with HIV/AIDS are available in most of the clinics. There are two support groups funded by Province in the District.

## **4. Future Situation**

The emergence of HIV/AIDS came at the time when most of the South Africa is undergoing exciting transformation. There are also serious factors that are facing the country; poverty, unemployment, lack of shelter, the status of the women in the society and mobility is among those that contribute to the spread of the disease.

Sedibeng District occupies 9% of the overall Gauteng Population with the population of 794 605. The population pyramid shows that the age groups between 0-19 years are narrowing. The presentation may be because of the impact of Aids. The trend will continue if interventions employed are not multi sectoral and concerted. It is also shown by the pyramid that women are relatively more than males. This is in the midst of the trend that shows women being more infected than men. The future presentation will result in lower fertility rate and an increase in single parenting if not child and elderly headed households.

As HIV infects the actively productive population, Sedibeng District will in future have few workforces that will assist in the generation of the economy.

## **5. Challenges**

The advent of HIV/AIDS has presented the Country with enormous challenges. Some of the challenges are inherited from the past. The District is faced with more challenges, but for this purpose below is the brief outline of some of the challenges that the District is facing;

### **5.1. Macro-Challenges**

#### **5.1.1. Political commitment**

This is very vital, as this will lead to the communities of Sedibeng 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.

#### **5.1.2. 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.

#### **5.1.3. Unemployment**

It is an open secrete that the rate of employment is still low, though the rate in Sedibeng 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

#### **5.1.4. 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.

## **5.2. Micro-challenges**

### **5.2.1 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. Sedibeng as a District should speak in one voice in issues relating to HIV/AIDS/TB. There should synergy in all the levels within the District, thus avoiding one local municipal overshadowing the others. This at the end will not represent Sedibeng achievements.

### **5.2.2. 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/contact 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

### **5.2.3. 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

### **5.2.4. 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

### **5.2.5. Institutions of higher learning**

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

### **5.2.6. 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.

### **5.2.7. 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

## **6. Strategic Intent**

The Sedibeng District through the IDP has identified goals and strategic objectives that will assist focus interventions. They are;

### **6.1. Goals (IDP)**

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

### **6.2. 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

## **7. 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 prevail between spheres of Government
- Community participation
- Equitable distribution of resources
- Budget is linked to activities
- There is regular progress reviews
- All relevant policies and procedure are communicated and known to all the levels
- The District effectively collaborate with other clusters, municipalities and department to ensure implementation of the programmes in the facilities
- Referral networks are fully utilised
- Support services like corporate and finance are fully used

## **8. FOCUS AREAS**

### **SOCIAL MOBILISATION**

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

**PREVENTION**

- Sexually Transmitted Infections
- Voluntary Counseling and Testing services
- Prevention of Mother to Child Transmission
- Youth
- Provide Non-Occupational Post Exposure Prophylaxis
- Reduce the incidences of Tuberculosis

**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

**MONITORING, RESEARCH AND SURVEILLANCE**

- Conduct research
- Regular surveillance

**9. PERFORMANCE OBJECTIVES INDICATORS FOR SEDIBENG DISTRICT  
(2003/2004)**

KEY PERFORMANCE AREA	HIGH LEVEL ACTIVITIES/OBJECTIVES	PERFORMANCE INDICATORS	TARGET			BY WHEN	BY WHO	OUTPUT
			2002/2003	2003/2004	2004/2005			
<b>1. Social Mobilisation and Communication</b>								
1.1. Interdepartmental Collaboration	To increase Departments participation	Number of department with HIV/AIDS plans and budget		5		Oct-03	District, Local municipalities	Active participation, disclosure
1.2. Aids Council	To increase Aids Council commitment and participation	Aids council management committee	None	1		Oct-03	District, Local municipalities	Effective coordinated structure
		Aids council plan for social mobilisation	None	1		Oct-03	District, Local municipalities	Effective coordinated structure
		Aids Council plan for donation & sponsors	None	1		Oct-03	District, Local municipalities	Public -Private interface
1.3. Legal and Policy Environment	To promote workplace policy, internal and external programmes development	Number of companies with HIV/AIDS policy and programmes	None	15		Jan-04	District, Local municipalities	Disclosure, increased productivity, reduce absenteeism
		Number of employees	None	500		Jun-04	District, Local municipalities	

		disclosing						
		Number of employees participating	None	1000		Jun-04	District, Local municipalities	Reduce stigma, disclosure
		Number of condoms distributed	None	5000000		Jun-04	District, Local municipalities	Reduced infection rate
1.4. PWA Support	To ensure support to PWA support groups	Number of support groups supported		4		Sep-03	District, Local municipalities	Reduce stigma, increase awareness
		Number of support groups with therapeutic, education and empowerment programmes		4		Sep-03	District, Local municipalities	Improvement of lives
		Number of beneficiaries		250		Jun-04	District, Local municipalities	Improvement of lives
<b>2. Prevention</b> 2.1. Sexually Transmitted Infections	To increase STIs case finding To increase partner notification and treatment To increase condom demonstration and distribution	Number of new STIs	6781	8000		Jun-04	District, Local municipalities	Reduce stigma, increase awareness
		Number of partners treated	None	7000		Jun-04	District, Local municipalities	Reduce stigma, increase awareness
		Number of condoms distributed	None	5000000		Jun-04	District, Local municipalities	Reduce stigma, increase awareness
		Number of teenage	1381	500		Jun-04	District, Local municipalities	Improvement of lives

		pregnancies						
	To train nurses on syndromic management	Number of Termination of pregnancies	None	< 2000		Jun-04	District, Local municipalities	Improvement of lives
		Percentage nurses trained	75%	85%		Jun-04	District, Local municipalities	Increased insight
	To increase asymptomatic tracing	Percentage of new syphilis clients		3%		Jun-04	District, Local municipalities	Reduce neonatal deformities & mortality.
2.2. Voluntary Testing and Counseling	To increase VCT sites	Number of new established sites	22	5		Nov-03	District, Local municipalities	Increase access
	To increase VCT to non-medical sites	Number of established non-medical sites		5		Nov-03	District, Local municipalities	Increase access
	To ensure the increase in the uptake of VCT	Percentage self referrals to VCT sites	None	30%		Jun-04	District, Local municipalities	Reduce stigma, increase awareness
		Number of medically referred clients	6258	8000		Jun-04	District, Local municipalities	Reduce stigma, increase awareness
	To ensure adequate supply of test kits	Percentage sites without test kits	0%	0%		Jun-04	District, Local municipalities	Quality assurance
	To ensure sustainability of functional sites	Number of functional sites	22	2200%		Jun-04	District, Local municipalities	Reduce stigma, increase awareness
	To integrated VCT to PHC	Number of facilities with VCT	22	22		Jun-04	District, Local municipalities	Increase access

2.3. Prevention of Mother To child Transmission	To strengthen PMTCT sites	% Uptake of PMTCT in the District	16	16		Jun-04	District, Local municipalities	Increase access
	To increase the uptake of PMTCT	Number of Self referrals to PMTCT sites	86%	95%		Jun-04	District, Local municipalities	Reduce stigma, increase awareness
	To ensure continuous supply of drugs and milk	Percentage of facilities without milk and drugs	0%	0%		Jun-04	District, Local municipalities	Reduce stigma, increase awareness
	To ensure adequate supply of test kits	Number of facilities without Test kits	100%	100%		Jun-04	District, Local municipalities	Quality assurance
	To ensure training of professional and non-professionals	Number of health care professionals trained		100		Jun-04	District, Local municipalities	Quality assurance
	To ensure that there is follow-up programme for Mothers and their children	Number of support programmes		3		Nov-03	District, Local municipalities	Quality assurance, support services
	To monitor Adherence to the protocol	Number of on-site in-services training conducted		12		Jun-04	District, Local municipalities	Quality assurance
2.4. YOUTH	To ensure Youth participation	Number of Youth structures identified		5		Nov-03	District, Local municipalities	Coordinated structures
		Number of Youth trained as Peer		100		Jun-04	District, Local municipalities	Reduce stigma, increase awareness

		Educators						
		Number of beneficiaries (education sessions)			5000	Jun-04	District, Local municipalities	Reduce stigma, increase awareness
2.5. Non-occupational Post Exposure Prophylaxis	To strengthen Non-Occ.PEP services	Number of personnel trained			100	Jun-04	District, Local municipalities	Quality assurance
		Number of beneficiaries of the service			5000	Jun-04	District, Local municipalities	Quality assurance
2.6. Tuberculosis	To increase TB case finding	% Increase in case finding			80%	Jun-04	District, Local municipalities	Reduce stigma, increase awareness
	To increase the cure rate	% Increase in the cure rate	43%		75%	Jun-04	District, Local municipalities	Reduce stigma, increase awareness
	To improve smear conversion rate	% Increase in smear conversion rate			80%	Jun-04	District, Local municipalities	Quality assurance
	To improve sputum turnaround time	Average sputum turnaround time			<24 hrs	Jun-04	District, Local municipalities	Quality assurance
	To improve patients on DOT	% DOT coverage	98%		98%	Jun-04	District, Local municipalities	Quality assurance
	To improve interruption rte	% Decrease in the interruption rate			< 6%	Jun-04	District, Local municipalities	Quality assurance
	To improve MDR TB arte	% Decrease in MDR TB			< 6%	Jun-04	District, Local municipalities	Quality assurance

<b>3. Continuum of Care</b>								
3.1. To provide treatment, care and support services in the health facilities and the communities	To strengthen and support existing CHBC projects	Number of NGOs supported	10	10			District, Local municipalities	Coordination and focus
		Number of beneficiaries		2500		Jun-04	District, Local municipalities	Quality assurance
	To coordinate and expand Integrated CHBC projects	Number of CHBC projects supported	1	3		Jun-04	District, Local municipalities	Quality assurance
		Number of beneficiaries		2500		Jun-04	District, Local municipalities	Quality assurance
		Number of poverty alleviation programmes		3		Jun-04	District, Local municipalities	Quality assurance
	To ensure training of health care workers in HBC	Number of health care workers trained		50		Jun-04	District, Local municipalities	Quality assurance
3.2. CHILDREN IN DISTRESS	To ensure the implementation of LPAC	Number of structures participating		5		Nov-03	District, Local municipalities	Coordination and focus
		Number of programmes		5		Feb-04	District, Local municipalities	Coordination and focus
		Number of beneficiaries		200		Jun-04	District, Local municipalities	Quality assurance, Poverty alleviation

<b>4. Monitoring, Research and Surveillance</b>								
4.1. Research	To facilitate STI/HIV/AIDS situational analysis	Tender finalised			1	Oct-03	District, Local municipalities	Baseline
	To periodically suggest topics for research to Institutions	Research committee			2	Jun-04	District, Local municipalities	Coordination
		Number of Topics				Jun-04	District, Local municipalities	Better options
	To encourage operational research and observations	Number of research done			2	Jun-04	District, Local municipalities	Quality assurance
4.2. Regular surveillance	To ensure monthly data analysis against the performance indicators	Number of feedback reports to municipalities			12	Jun-04	District, Local municipalities	Quality assurance, better management
	To facilitate STI/HIV/AIDS/TB data collection from Private Institutions	Number of Private Institutions			2	Dec-03	District, Local municipalities	Quality assurance,. Better management

