


Section C - Appendices


Appendix 1 – Staff Profiles


PSASA has steadily been increasing employed staff to support and maintain the quality of the community projects. The organization seeks to develop its own people and as a result many staff have come up through the ranks into higher management and training positions. As a result it is a stable workforce with currently no turn over of salaried staff. Current staff as of the end of 2004 (in alphabetical order) are:

Chiliza, Ntombi Jennifer
Clark, Natasha
Daniel, Keshnee
Fakude, Staff Bellinam
Gomo, Rosemary
Kubheka, Christopher, Vusi, Lucky
Le Roux, Janet
Madikazi, Anitta
Maseko, Johan M
Mashiane, Klaas Phios
Masilela, Zanele
Masina, Constance Lindeni
Mthethwa, Boysen France
Mthimmunye, Fikile, Elizabeth
Mtshiue, Thoko Gladys
Mujaho, Thandi
Oosthuisen, Corrie
Shongwe, Bongikile Busisiwe
Sibiya, Felicitus Tholakele
Sibiya, Godfrey
Van Zyl, Doreen
Xulu, Nini Aurelia


Name	
Chiliza, Ntombi Jennifer	
Current Position with PSASA	
Project manager and trainer for the FIETA programme	
Brief Description of current activities	
Training of Protec Students and workplace peer education in KZN with Mondi and SAPPi	
Year Starting with PSASA	
1998	
History of activities with PSASA	
1998 as a peer education coordinator , then trainer.. 2002 as project manager for Powerbelt. Currently working in KZN to start the FIETA programme	
Interests	
Music, soccer and reading	
Other (Married, Children, Family, etc)	
Not married with one baby girl	


Name	
Clark, Natasha	
Current Position with PSASA	
Transport Office Assistant	
Brief Description of current activities	
Fleet management and office assistance	
Year Starting with PSASA	
2002	
History of activities with PSASA	
Store room and stock control, travel with the director to projects	
Interests	
Gardening, Interior and exterior decorator, makeup artist, animals	
Other (Married, Children, Family, etc)	
Many pets: monkey, 1 dog, 2 birds, one child, one mother and two brothers (single)	

Name	
Daniel, Keshnee	
Current Position with PSASA	
Finance clerk	
Brief Description of current activities	
Do all financial filing, banking, typing as needed and assisting projects with their finances	
Year Starting with PSASA	
2000	
History of activities with PSASA	
Started at the switchboard, doing copies, faxes and making appointments for the director	
Interests	Cooking, watching movies, sports and reading
Other (Married, Children, Family, etc)	I am married with one child aged 8 years, he is in grade 2.


Name	
Fakude, Staff Bellinam	
Current Position with PSASA	
Office Assistant	
Brief Description of current activities	
Help with switchboard, photocopying, faxes and providing the staff with coffee and tea	
Year Starting with PSASA	
August, 2000	
History of activities with PSASA	
Assisting with the stock room, packing uniforms and stationary for projects	
Interests	Church, cooking and washing
Other (Married, Children, Family, etc)	I am single with no children


Name	
Gomo, Rosemary	
Current Position with PSASA	
Training Facilitator	
Brief Description of current activities	
Training of coordinators and volunteers in collaboration with FHI	
Year Starting with PSASA	
July 2004	
History of activities with PSASA	
Involved with PSA since 1997 doing formative assessments	
Interests	Providing ARV & VCT with all volunteers being able to communicate effectively
Other (Married, Children, Family, etc)	Married with three children and one daughter in law (26, 21 and 10 are the ages of my children)


Name	
Kubheka, Christopher, Vusi, Lucky	
Current Position with PSASA	
Reception, driver	
Brief Description of current activities	
Assists with the reception, payouts, driving and store room.	
Year Starting with PSASA	
November, 2002	
History of activities with PSASA	
Started on probation and then worked as a driver and now at reception	
Interests	Listening to music, being on the road traveling
Other (Married, Children, Family, etc)	Single with one child who I love spending time with.


Name	
Le Roux, Janet	
Current Position with PSASA	
Assistant	
Brief Description of current activities	
Emails, typing for the director, filing, follow up with project reports, stock control (medical supplies and stationery)	
Year Starting with PSASA	
June 2004	
History of activities with PSASA	
As above	
Interests	
Needle work, music, cooking	
Other (Married, Children, Family, etc)	
19 years married with 2 children (girl – 19 years, boy – 15 years), both sides of family stay in Bethal or Secunda	


Name	
Madikazi, Anitta	
Current Position with PSASA	
Power Belt Project Manager	
Brief Description of current activities	
Promoting abstinence, condoms and behavioural change, more recently income generating activities	
Year Starting with PSASA	
March 2002	
History of activities with PSASA	
As above	
Interests	
To see people changed through our projects and to see youth abstaining	
Other (Married, Children, Family, etc)	
One child, not married	

Name	
Maseko, Johan M	
Current Position with PSASA	
Project manager	
Brief Description of current activities	
Managing youth school programmes, peer education and the activities in Mozambique	
Year Starting with PSASA	
1998	
History of activities with PSASA	
Started in 1998 as a peer educator coordinator, with the project being funded in 2000, then formally started with PSASA as a driver	
Interests	
Young people and seeing them living constructive lives	
Other (Married, Children, Family, etc)	
Single one child, staying with my beloved mother and my sister and her son and my sisters grandchild.	


Name	
Mashiane, Klaas Phios	
Current Position with PSASA	
Facilitator	
Brief Description of current activities	
Goelama Child Care in Thaba Chweu working with orphans	
Year Starting with PSASA	
1998	
History of activities with PSASA	
Started 1996 with peer education, worked with Horisons as an outreach activities and doing mapping and zoning for a number of the projects Started with peer education in Strydom Tunnel and mamokgale Maphiri	
Interests	
Traveling, soccer, TV and collecting donations for orphans	
Other (Married, Children, Family, etc)	
Married with three children 8, 5 & 2 years	

Name	
Masilela, Zanele	
Current Position with PSASA	
Trainer	
Brief Description of current activities	
Visiting the projects, support volunteers, counseling	
Year Starting with PSASA	
January 2004	
History of activities with PSASA	
As above	
Interests	
Meeting with people everyday and sharing ideas	
Other (Married, Children, Family, etc)	
Married with no children	


Name	
Masina, Constance Lindeni	
Current Position with PSASA	
Administrator	
Brief Description of current activities	
Data capture for projects, cheques, copies, fax, emails and telephoning Office oversight and assist with project payout	
Year Starting with PSASA	
2000 August	
History of activities with PSASA	
Started with doing the financial administration for Horizons Data base from 2001 to present 2003 capturing the registers	
Interests	
Meeting new people, love computers and doing further financial studies	
Other (Married, Children, Family, etc)	
Married with one child	

Name	
Mthethwa, Boysen France	
Current Position with PSASA	
Programme Director	
Brief Description of current activities	
Directs the programmes and assists in PSASA's management including payouts to projects, training workshops for project coordinators.	
Year Starting with PSASA	
1997	
History of activities with PSASA	
Started with PSASA in 1997 with a trip to Zimbabwe after that started as a volunteer for Ermelo, Lothair, Warburton and Breyten peer education projects as a coordinator. Full time employed with PSASA in 2001 as the Peer Educator Manager and trainer.	
Interests	Meeting with people and attending church To sustain all our projects as long as we can and to see all HIV positive patients when needed receiving ARV's.
Other (Married, Children, Family, etc)	Married with three children (17, 16 & 13 years)


Name	
Mthimmunye, Fikile, Elizabeth	
Current Position with PSASA	
Programme Director	
Brief Description of current activities	
Directs the programmes and assists in PSASA's management including payouts to projects, training workshops for project coordinators.	
Year Starting with PSASA	
1997	
History of activities with PSASA	
Began in 1997 as the project coordinator for Kriel and later 1998 as the peer educator trainer. On the 1 st of December, 2000 began working with PSASA full time as the peer manager and trainer.	
Interests	Church, gardening Aim to see the projects strong and sustainable and to get ART for people who need it.
Other (Married, Children, Family, etc)	Married with three children – 19 year old twins and the last born who is 12 years.


Name	
Mtshie, Thoko Gladys	
Current Position with PSASA	
HBC Project Manager	
Brief Description of current activities	
Training, monitoring and visits to projects and homes with the volunteers, assist with grant applications and birth certificates	
Year Starting with PSASA	
2000	
History of activities with PSASA	
I started as a volunteer visiting houses to identify the sick and orphan children, then becoming a coordinator of the group and now project manager	
Interests	I like to sing in my church and teaching Sunday school
Other (Married, Children, Family, etc)	Widow with three married daughters and seven grand children


Name	
Mujaho, Thandi	
Current Position with PSASA	
Facilitator – Work Place Peer Education	
Brief Description of current activities	
Facilitating and supporting SAPPI and Global Forest work place programme and community projects in Bamjee, Kanyamazani and Barberton. Activities also involve the Protec Youth Programme and Swaziland support (activities of SAPPI)	
Year Starting with PSASA	
February 2005	
History of activities with PSASA	
Assisted with PSASA activities part time from 1998 while working with PSG. These activities involved assisting and implementing prevention projects at community level and in the work place.	
Interests	These include going to church and watching soccer. I enjoy working and mixing with different people and venturing into new fields of my job.
Other (Married, Children, Family, etc)	Married with five children.


Name	
Oosthuisen, Corrie	
Current Position with PSASA	
Director	
Brief Description of current activities	
Run the organization, fund raising, meeting with donors, reports and project visits	
Year Starting with PSASA	
1996	
History of activities with PSASA	
Founder of PSASA starting with the first peer education project based at Kriel	
Interests	Birds, two dogs and my work
Other (Married, Children, Family, etc)	3 children and 2 dogs

Name	
Shongwe, Bongikile Busisiwe	
Current Position with PSASA	
Assist with Home Base Care training	
Brief Description of current activities	
Training on HBC, assist with reception, faxes and phones and monitoring HBC	
Year Starting with PSASA	
June 1999	
History of activities with PSASA	
Started as a receptionist, worked with youth programme and now working with home based care	
Interests	Computer, music sports
Other (Married, Children, Family, etc)	Single

Name	
Sibiya, Felicitus Tholakele	
Current Position with PSASA	
Child care project manager and home care training	
Brief Description of current activities	
Training of project coordinators and volunteers, liaise with project facilitators	
Year Starting with PSASA	
2002	
History of activities with PSASA	
As above	
Interests	
Cooking watching TV and going to church	
Other (Married, Children, Family, etc)	
Married with four children and grandchildren	

Name	
Sibiya, Godfrey	
Current Position with PSASA	
Trainer – Youth Programme	
Brief Description of current activities	
Training and support on communication skills, counseling, stress reduction and income generation	
Year Starting with PSASA	
2004	
History of activities with PSASA	
As above	
Interests	
Working with different people and also with	
Other (Married, Children, Family, etc)	
Single	

Name	
Van Zyl, Doreen	
Current Position with PSASA	
Financial Manager	
Brief Description of current activities	
Handling all financial issues for PSASA	
Year Starting with PSASA	
2000	
History of activities with PSASA	
Assist with proposals, auditing and report writing	
Interests	Children and music
Other (Married, Children, Family, etc)	
Married with two daughters	

Name	
Xulu, Nini Aurelia	
Current Position with PSASA	
Project Manager (KZN)	
Brief Description of current activities	
Training, monitoring, mentoring, evaluation, organizational management and fund raising	
Year Starting with PSASA	
2000	
History of activities with PSASA	
Training in Mpumalanga from 2000 to 2002 before becoming project manager for KZN	
Interests	Computer literacy and computer management
Other (Married, Children, Family, etc)	
Single, two children and three grandchildren	

Appendix 2 – Partners

Partners

Over the years PSASA has partnered with a number of different organizations in the development of its programmes. These are described in the following table (Table XX)

Name	Time	Description
Primary Donor/s are the Dutch, NORAD and SIDA through Project Support Group (PSG)	1996 – current	Prevention, mitigation, funding, technical support, workshops, weekly training, outreach activities, administration to the organization
ACTS	1998 - current	Counseling and updated training to Home Based Care coordinators on ARV's and counseling
Centre for Positive Care (Limpopo)	1998 - current	PSG partner – networking partner for South and Southern Africa
Family Health International (US)	2004-current	Workshops on communications, sexual reproductive health, family planning and STI's. Training took place by training master trainers down up to care giver level in the homes of people. Is presently still doing training and a lot of technical assistance. Also did two workshops on stress management for coordinators. IFH works in partnership with organizations with which it shares common objectives. In particular, IFH works with organizations which have the potential to implement, and increase access to, integrated and comprehensive sexual and reproductive health programmes and services which meet the needs of IFH's priority beneficiaries in its focal regions. IFH also works in partnership with organizations that support the development and replication of innovative approaches as well as influencing sexual and reproductive health policy and practice[1].
FIETA Mpumalanga and KZN	2004 - current	Training of Protec students as well as workplace peer education by Jennifer Chilisa in KZN and Thandi Mujaho in MPU. This include Technical Colleges, Technicon, University of KZN and Zululand.
Horizons	2000-2002	Technical assistance and conducting evaluation studies on the effectiveness of the peer education initiatives in high transmission communities.
International Family Health (UK)	2001 – 2002	Funding received for the Barberton area on prevention programmes for mobile communities in high transmission areas surrounded the border of Swaziland and mining communities. Technical support.
Little Seeds	2003-current	Training of OVC programme coordinators on managing, relating to children, child development and psychosocial support.
Masoyi Home Based Care	1998 - current	PSG partner – networking partner for South and Southern Africa

Mondi	2003-2004	Training of workplace peer education and supporting and training surrounding communities to plantations.
Nelson Mandela Children's Fund	2002-current	Support to orphan and vulnerable children along with youth development programmes. Technical support and M&E.
Power Belt	1996 - current	Prevention in both community and workplace. Power Belt is a combination of mining companies, Eskom, Sasol and local municipalities and department of health. Prevention.
Provincial Department of Health – (KZN)	2003-2004	Technical support from Provincial department of Health to mitigation projects in the area between Melmoth and Eshowe
Provincial Department of Health – (Mpu)	1996 - 2000	Prevention & mitigation projects. Provided seed funding for Bethal, Ermelo and Middelburg peer education projects, facilities for training, field staff to initiate prevention projects and supplied seed funding for Masoyi Home Based Care.
Provincial Department of Population Development (Welfare)	2003-2004	Funding went directly to Mitigation projects in Mpumalanga. Funding was specifically allocated for food parcels to orphans and vulnerable homes. They also render technical support to volunteers.
SAPPI	1996-current	Workplace peer education (prevention) doing training throughout South Africa. Fikile Mthimunye was responsible for this training.
Thembaletu Home Based Care	1998 - current	PSG partner – networking partner for South and Southern Africa

Appendix 3 - Publications / Conference Presentations / Posters

A number of publications, conference presentations (oral or poster) and other research has been undertaken using the community activities of PSASA.

Meeting Name	XIII International AIDS Conference
Date	July 10 th to 14 th , 2000
Location	Durban, South Africa
Conference Description	An estimated 15 000 delegates were present comprising researchers, academics, People living with HIV AIDS, community representatives, politicians, developmental agencies and activities. The programme was divided into a number of tracks: Basic Science, Clinical Science, Epidemiology & Public Health and Social Science, Rights Politics, Commitment and Action. Within these tracks, 4969 abstracts were accepted for oral or poster presentations.
Type of Presentation Overview of Presentation	Dr Elliot Marsielle presented this paper as first author with DR Billinghamurst as third author. The female condom had been introduced to a number of the peer education projects of PSASA through out the province from 1998 onwards. It was well received by both the peer volunteers and individuals who were recipients of the programme. Targeting female condoms to this high-risk group would not only have a greater epidemiological impact but also be economically beneficial, given the higher cost and limited availability of these products. A modeling exercise was conducted in partnership with Dr Marsiele based on these projects and health care services within the public sector. The outcome of this modeling, which demonstrated the effectiveness of the female condom to sex workers in terms of HIV and other STI's averted, was presented during the conference.

Conference Abstract number: WePeE6677

[MoOrC131] Cost-effectiveness of the female condom in preventing HIV and STDs in commercial sex workers in Rural South Africa

E. Marseille¹, J.G. Kahn², K. Billinghamurst³, J. Saba⁴

¹Health Strategies International, ² Madrone Place, Orinda, CA 94563, United States, ²University of California, San Francisco, San Francisco, CA, United States, ³Mpumalanga Department of Health,, Nelspruit, South Africa, ⁴Axios, Dublin, Ireland

Background: Though apparently as effective as male condoms (MCs), female condoms (FCs) are more expensive. Under what circumstances, if any, can this additional cost be justified? We assessed the cost-effectiveness of the FC in preventing HIV infection and other STDs among commercial sex workers (CSWs), and their clients in the Mpumalanga Province of South Africa.

Methods: Current MC use was compared with expected condom use (MC + FC) in a one-year program of FC provision to 1,000 CSWs with an average of 25 clients per year. A simulation model calculated health and public sector cost outcomes assuming five years of HIV infectivity, one month of syphilis and gonorrhoea infectivity, and FC use in 12% of episodes of vaginal intercourse. Recurring infections and interactions between STDs and HIV were modeled. The simulation was extended to non-CSWs with as few as ten casual partners per year. We conducted multiple sensitivity analyses.

Results: The intervention is estimated to avert 5.9 HIV, 38 syphilis, and 33 gonorrhoea cases while saving the public sector health payer \$9,116. Univariate sensitivity analyses indicate that the finding of cost savings or cost-effectiveness is robust across a wide range of values for key inputs. The program generates net savings of \$2,216 if per-episode FC efficacy is only 80% rather than the 95% base case estimate; savings of \$5,365 if HIV prevalence in CSWs is 25% rather than 50%; and savings of \$8,930 if each CSW has an average of 10 clients per year rather than 25. If only 25% of episodes of FC use result in supplemental protection rather than 75% as assumed in the base case, the program would save \$645 while averting 2.0 cases of HIV. A program focusing on non-CSWs with only ten casual partners would save \$6,484.

Conclusion: A well-designed female condom program oriented to CSWs and other women with casual partners is likely to be highly cost-effective and can save public sector health funds in rural South Africa.

Presenting author: E. Marseille, Health Strategies International, 2 Madrone Place, Orinda, CA 94563, United States, Tel.: +1 925 254 5379, Fax: +1 800 683 3442, E-mail: emarseille@home.com

Meeting Name	2001 A Science Odyssey Capricornia Medical Science Association and Australasian College of Tropical Medicine
Date	8 th to 11 th of June 2001
Location	Rydges Capricorn International Resort, Yeppoon, Central Queensland, Australia
Conference Description	Approximately 200 delegates attended this conference with most participants working in Australia, Pacific and South Asia as researchers, public health personnel and health providers interested in laboratory and tropical medicine. Most were members of the Medical Science Association and Australasian College of Tropical Medicine with a number of participants other similar organizations in the Pacific and South East Asia. The conference was held over three and a half days which included oral presentations, posters presentations and workshops.
Type of Presentation	Verbal presentation of 15 minutes with 5 minutes for questions.
Overview of Presentation	The oral presentation consisted of the following – <ul style="list-style-type: none"> - Context of HIV AIDS in South Africa and the need for alternate care - Types of care models and the need for home care - Description of the context of the Masoyi & (PSASA) Home Based Care Projects - Key components in the development of the project - Output and costing data - Implications in the local and wider context of southern Africa

Meeting Name	13 th International Conference on AIDS & STD's in Africa (ICASA)
Date	21 to 25 th of September, 2003
Location	Nairobi, Kenya
Conference Description	The ICASA conference theme was "Accelerating Action Against AIDS in Africa".
Type of	Skills building workshop

Presentation**Overview of Presentation**

A number of Skills Building Workshops had been arranged for each day of the conference. We proposed a workshop using and sharing the experiences gained in home care. The title was "Expanding Home Care" using work from the Project Support Group (PSG) where I work as the Home Based Care Training Officer. Mr. George Snayman programme manager from the Masoyi Home Based Care Project and recipient of PSG project funding, attended and assisted with facilitation. The conference organizers had planned for 20 participants and we intended to use interactive discussions, work exercises and short presentations for the 60 minutes allocated to us.

Key topics in the workshop were to include –

- Programme administration
- Forming partnerships – finding anchor partners
- Accessing resources and recruiting funds
- Technical support at community level
- Programmatic monitoring and evaluation

Title: "Starting Slow – Building Big" Keys in scaling up community HIV AIDS projects.

Issues:

Scaling up effective HIV AIDS programmes is both a priority and challenge within South Africa.

Description:

The Project Support Group [PSG] is a Southern African Regional Organization focusing on community based HIV / AIDS prevention and mitigation projects. Involvement in South Africa commenced in mid 1996 with one peer education project targeting disadvantaged women. Since then, a total of 38 prevention projects have been established. In 2002 a total of 1158 peer educators were involved who conducted 167 376 outreach meetings, reaching 2518826 individuals and disbursing 6686454 condoms.

With the progression of the HIV epidemic in South Africa home care or mitigation projects were prioritized in 1999. These now comprise 60% of community projects. PSG in 2002 supported 6926 community care volunteers who provided care for 37658 clients with a total of 596485 visits.

Lessons Learnt:

PSG has developed from zero involvement to supporting over 8000 community participants in prevention and home care projects over the last seven years. Keys in scaling up include having an effective flexible model, strategic anchor partnerships, access of resources, technical support at community level and an effective ongoing programmatic monitoring and evaluation. Effective management of human resources through appointment of motivated staff, hands on training within effective projects and regular supportive training to maintain motivation have been essential.

Recommendations:

Effective programmes can be scaled up rapidly and successfully as demonstrated through PSG's involvement in South Africa. Strategic partnerships and flexibility have been essential with the building of capacity at community level. As significant HIV resources flow into Africa for HIV, the role of organizations supporting community initiatives with technical expertise and motivation should increase and assist in scaling up effective HIV programmes.

Meeting Name

XV International AIDS Conference

Date	11 th to 16 th of July 2004
Location	Bangkok, Thailand
Conference Description	The XV International AIDS Conference comprised of 20 000 delegates and followed a similar format as previously described presented. The theme was "Impact for All" and included tracks of Basic Science, Clinical Science / Treatment & Care, Epidemiology & Prevention, Policy and Program Implementation.
Type of Presentation	Poster Presentation – three abstracts were submitted and accepted. I was first author on two of these.
Overview of Presentation	The first abstract (Scaling up within the tempest of political change) describes how an NGO could expand in the context government constraints. The second abstract describes the transition of Project Support Group in support prevention programmes exclusively to supporting both prevention and mitigation projects and then to the integration of such projects.

Integrating HIV prevention and care: a challenge for the third millenium

M C Robotin¹, C J Oosthuizen², K E Billingham¹, N Dube¹, R Muyambo¹, D Wilson¹
¹Project Support Group, Bethal, South Africa; ²Mpumalanga Program Support Association, Bethal, South Africa

Issues: The Project Support Group (PSG) is a non-government organization, supporting community-based AIDS prevention and mitigation programs in peri-urban and rural settlements in nine Southern African countries. While originally focusing exclusively on HIV prevention activities, the magnitude of the epidemic, coupled with the lack of available services at community level, led to an increased involvement of PSG in providing community care and support for people with HIV-AIDS.

Description: During the last decade, the balance between prevention and care programs has radically altered and currently 60% of the 338 programs supported by PSG focus on HIV impact mitigation activities. This increasingly encompasses the care and mentoring of orphans or vulnerable children (OVCs) and assistance with income-generating activities. Recently in South Africa, (the site of 170 of PSG-supported programs), PSG and its partners have been focusing on integrating prevention and care programs in underserved or remote rural areas. We describe herein some of the salient operational aspects of this care and prevention model.

Lessons learned: Integrating prevention and care programs is an effective method of enhancing service delivery in rural and remote communities. Its benefits include raising community awareness of HIV-related issues and mobilizing communities to support OVCs, leading to a reduction in stigma and discrimination against people with HIV-AIDS and facilitating the implementation of new interventions such as community-based voluntary counseling and testing (VCT).

Recommendations: Developing tools for measuring the program's impact, determining its cost-effectiveness and exploring its potential role in developing community-based HIV treatment programs would better define its potential relevance for identifying new strategies for the improved management of HIV-AIDS at community level.

MedGenMed. 2004 Jul 11;6(3):WePeE6677 [eJIAS. 2004 Jul 11;1(1):WePeE6677]

Conference Abstract number: WePeE6875

Scaling up within the tempest of political change

K G Billingham, C Oosthuizen

Project Support Group, Nelspruit, South Africa

Issues: Elections and the resulting political change can produce many new challenges for HIV AIDS organizations. As personalities, priorities and interest adjust, effective functioning and delivery of HIV AIDS services may be compromised.

Description: The Mpumalanga Project Support Association was established in 1997 through the Provincial Health Department to assist in the rapid delivery of HIV AIDS initiatives at community. Becoming an NGO in its own right, it established 30 peer education projects targeting sex workers or disadvantaged women and eight home based care projects over its first two years. South Africa's second democratic elections resulted in changes to the Provincial Minister of Health and senior management of the Health Department. NGO's were alienated as partners and a confrontational environment pursued. Within this context the organization was able to expand to 42 peer education projects, 8 work place & 8 youth / school peer projects and 51 home based care projects using 1675 community members.

Lessons Learned: Effective monitoring systems and proven documentation of outcomes favored new civil society community partnerships. These strategic alliances established additional resources without compromise to core services. An acceleration of training and capacity building resulted in two projects becoming autonomous in their own right and expanding the quality, coverage and technical services through out the province. Committed motivated and supportive staff was an important factor promoting the scaling up process. Advocacy efforts within community resulted in both material and moral support to the projects, creating a demand for expansion locally and further a field.

Conclusion: NGO's need to plan and prepare for local, provincial and national political change, so as to ensure their on going functioning. An antagonistic political environment can create opportunity for expansion of HIV initiatives.

MedGenMed. 2004 Jul 11;6(3):WePeE6875 [eJIAS. 2004 Jul 11;1(1):WePeE6875]

Meeting Name	South African 2 nd HIV AIDS Conference
Date	7 th to 11 th of June, 2005
Location	Durban
Conference Description	South African national HIV AIDS conference with approximately 5000 delegates mainly from South and Southern Africa.
Type of Presentation	Verbal presentation of 15 minutes with 5 minutes for questions.
Overview of Presentation	PSASA was one of the six home based care programmes used by FHI for evaluating the effectiveness of the home based care programmes.

Exploring the role of family caregivers and home based care programs in meeting the needs of people living with HIV/AIDS: An assessment of 6 home based care programs in South Africa.

Authors: Catherine Searle,¹ Eka Williams,¹ Rick Homan,² Marc Aguirre,³ Sibongile Mafata,⁴ Farshied Meidany,⁵ Corrie Oosthuizen,⁶ Liz Towell,⁷ and Noeleen Trollip.⁸

¹ Horizons/Population Council, Johannesburg, ² FHI, North Carolina, ³ Hope Worldwide, Johannesburg, ⁴ Soweto Hospice, Johannesburg, ⁵ MCDI, Durban, ⁶ PSASA, Bethal, ⁷ Sinosizo, Durban, ⁸ Hope Worldwide, Port Elizabeth.

Background

The HIV/AIDS epidemic has meant that an increasing number of chronically ill people need assistance with care and support. Currently these services are available from both formal and informal caregivers. This study examines different formal home based care (HBC) organizations providing care and the role they play in meeting the needs of PLHA. The research also investigates the unmet needs of PLHA despite the receipt of formal home based care services.

Methods

Six home based care programs were selected for the study, two in KwaZulu Natal, two in Gauteng and one each in Mpumalanga and the Eastern Cape, representing programs in both rural areas and urban informal settlements. Household heads from 374 households currently receiving care and support services from the six programs were interviewed in June 2004. In addition, focus group discussions were conducted with beneficiaries and with caregivers from each of the 6 programs.

Results

Households receiving care were remarkably similar, with 5-6 people making up a household, one of whom was sick. Around two thirds of program clients were female. Over 50% of clients were 26 – 45 years old, while 15% of clients were under 26 years of age.

In terms of the needs of clients, the most common need identified was someone to provide emotional/spiritual support (counseling). This was followed by someone to assist with physical care (bathing eating, dressing, using the toilet) and nursing care (pain management, treating wounds, taking medication). Assistance with household chores such as cleaning, cooking, shopping, running errands or gardening and someone to provide information and education or skills training were cited by more than half the households.

Household caregivers were mainly family members (82%) and female (78%). 38% of caregivers were 46 years or older, 43% of caregivers are in the 26 – 45 year age while 18% were less than 26 years old. While household caregivers provided the majority of physical care and assistance with household chores, formal caregivers provided the bulk of counseling, nursing care, information, transportation, and legal aid. While the majority of households felt someone in the household could substitute for the outside caregiver, more than 10% of the clients would not receive the service if not for the formal caregivers. Unmet needs of PLHA included food, financial support and more frequent visits by caregivers.

Conclusions

This research documents the differences in types of care provided by informal and formal caregivers. Findings suggest that the formal caregivers serve more as a complement to the household caregivers than a substitute. Even where formal caregivers are providing HBC services, we still find on average that the household caregivers spend more time per week assisting the sick person than the formal caregivers. This information is useful for determining gaps that exist in the provision of services and for assisting organizations to offer services that are complementary to those provided by informal caregivers, in order to better meet the needs of PLHA and their families.

Programmatic implications of the findings from a cost study of 6 home based care programs in South Africa.

Authors: Catherine Searle,¹ Eka Williams,¹ Rick Homan,² Marc Aguirre,³ Sibongile Mafata,⁴ Farshied Meidany,⁵ Corrie Oosthuizen,⁶ Liz Towell,⁷ and Noeleen Trollip.⁸

¹ Horizons/Population Council, Johannesburg, ² FHI, North Carolina, ³ Hope Worldwide, Johannesburg, ⁴ Soweto Hospice, Johannesburg, ⁵ MCDI, Durban, ⁶ PSASA, Bethal, ⁷ Sinosizo, Durban, ⁸ Hope Worldwide, Port Elizabeth.

Background

The HIV/AIDS epidemic has meant that an increasing number of chronically ill people need assistance with care and support. Programs providing home based care services are a key component of the response to HIV/AIDS. However, few programs are using evidenced based programming and cost studies to decide what services to provide and how to structure their services. This study collected cost data in an effort to provide key programmatic information to NGOs, governments and donors on the cost of HBC services, the best use of resources and on how well programs are able to meet the needs of their beneficiaries and their families.

Methodology

Six home based care programs providing formal services to clients were selected for the study, two in KwaZulu Natal, two in Gauteng and one each in Mpumalanga and the Eastern Cape, representing programs in both rural areas and urban informal settlements. A cost analysis approach involving a review of each program's financial records and service statistics was used to determine the scope of services offered and their cost.

Results

All of the formal home based care programs provided services at no cost to the client. In all cases, the programs were providing supplies to the households including nutritional supplements, basic hygiene supplies, simple medical supplies, to assistance with doctor fees and medicines. The annual value of these supplies, on a per client basis ranges from R9 to over R2300. The other costs within the formal HBC programs cover the support staff, supplies for the caregivers and the program, supervision, training, equipment, and infrastructure. Information on the total annual cost of the programs as well as indicators of the size of the program (number of clients, number of visits and number of caregivers) showed that there were large differences in the programs in terms of the scope as well as the intensity of the services being provided. Researchers also determined the fraction of total costs that were of direct benefit to clients and the cost per visit made for each program.

Conclusions

Data collection indicated that there was a need to strengthen and standardize record keeping within programs. There was also a need for determining the optimum client load for volunteers and program staff. In some cases there were opportunities to restructure how resources were allocated to better reflect the program's goals. This analysis of the cost of services has provided important data for program planning and has widespread policy implications that will be discussed in the presentation.

361 words

Successful HIV AIDS Programme - Mpumalanga, South Africa

- *Date:* Wed, 5 Apr 2000 23:18:41 -0400 (EDT)
-

Successful HIV AIDS Programme - Mpumalanga, South Africa

PRESS RELEASE

3rd April, 2000

Successful HIV AIDS Programme

The Mpumalanga Project Support Association [MPSA] is a government partner Non Profit Organisation [NPO] established for supporting community-based projects in the area of HIV AIDS. Established in early 1998 with government and non-government participants, it has taken strategies from effectively working HIV projects of Zimbabwe and applied them successfully within the province. Currently MPSA is supervising 50 community projects through out Mpumalanga Province in the area of prevention and mitigation.

Prevention projects target disadvantaged communities in historically neglected areas focusing on vulnerable groups for effective HIV prevention and behaviour change. Peer Education Projects are successfully running at 40 sites using over 600 community volunteers. An estimated 20% of the population within the Province have been reached on a regular basis during 1999. A total of 1.1 million people directly attended a peer education activity in over 47 000 outreach meetings during the year. A hallmark of the projects has been the clear messages on HIV prevention, STD awareness, empowering of women and distribution of male condoms. Over 6 million condoms [or one third of the provincial total of male condoms] were distributed through the peer education projects. The lead project in the Kriel area has clearly demonstrated that people do make appropriate behavioural changes when they are aware of their HIV risk. These include -

- * a 38% reduction in STD's over a two year period in which the project has been running
- * 32 000 STD's have been estimated to have been averted across the whole province
- * 97% condom usage during paid sexual acts had been achieved among males
- * increasing demand for condoms
- * condom usage during non commercial sexual acts had also increased

Further expansion of peer education projects is envisaged for 2000 targeting other high risk groups of people such as the youth, school aged children and workers in industry.

Twelve home based care projects have already been established within Mpumalanga, with an additional eight projects about to be launched and support being provided to eight projects outside the Province, including Northern Province and Swaziland. A total of 20 000 home visits were conducted serving over 3000 clients within the province during 1999. These projects are in the early phase of integrating orphan is sues as part of their routine work.

Both the prevention and mitigation projects recruit volunteers from the community for the respective projects. Integrated community committees manage the day to day running of the projects. MPSA provides the financial and technical expertise for both the projects and management committees.

MPSA is truly an example of the call by president Mbeki in 1998 for effective partnerships in the fight against HIV and AIDS. Mpumalanga clearly has a strategy that is working.

From this Departmental Press release the following comment was in the Sunday Times ((9th of April, 2000).

Project is the right medicine¹⁵

A STRICT "no glove, no love" policy has cut the spread of sexually transmitted diseases in one Mpumalanga health district by 38% in just two years, reports SIZWE SAMAYENDE.

The peer education project in Kriel, where volunteers were trained by the health department to teach people about STDs and HIV-AIDS, has proved so effective that the department plans projects for all Mpumalanga's health districts.

The Mpumalanga Project Support Association is helping and more than 600 volunteers are working in high-risk areas.

A departmental spokesman said: "We have realised that giving information alone does not make people change their behaviour but when people in the same environment talk repeatedly about the same subject there's a change."

The department estimates 32 000 STD infections have been averted as a result of the project. - African Eye News Service

Appendix 4 - Awards

The following is an extract taken from

African Heritage Foundation HIV/AIDS Awards 2003¹⁶

03 December 2003

The AIDS Awards Programme was instituted by the African Heritage Foundation to recognise contributions made by individuals and organisations in the fight against HIV and AIDS.

The African Heritage Foundation Trust (AHF) presented the 2nd annual HIV/AIDS awards 2003 on 03 December 2003 at a gala dinner at the Sandton Convention Centre.

1300 NGO's throughout South Africa was nominated for the awards and 45 candidates short-listed. The AHF Chairman, Mr Langa Dhlomo presented the awards and Prof Ruben Sher made a touching speech about our social responsibility towards fighting the HIV/AIDS epidemic.

LearnScapes was honoured with the Chairman's award. This award recognizes the significant contribution **LearnScapes** have made in countering the effects of HIV/AIDS in the community and workplace.

WINNERS FOR THE 2003 HIV/AIDS AWARDS

a) Overall Winners

1. Project Support Association Southern Africa (PSA)
2. Centre for the Study of Aids, University of South Africa (CSA)
3. Lonmin Platinum

b) Recognition Awards

1. SANLAM
2. National Ports Authority (NPA)
3. UNILEVER
4. Margaret Sanger Centre
5. Department of Correctional Services
6. Morning Star Children's Home
7. SAFCOL
8. LIFELINE East London
9. ACFS Community Education
10. Hospice East Rand
11. Department of Environmental Affairs & Tourism
12. Helen Joseph Hospital HIV & AIDS Unit
13. Department of Agriculture, North West Province

c) Chairperson's Awards

1. National Ports Authority (NPA)
2. Treatment Action Campaign (TAC)
3. LearnScapes

d) Acknowledgement of Efforts

1. Boitelo Youth Network
2. Mokwallo Home-Based Care (Relebohile Clinic)
3. Department of Trade & Industry
4. Entokozweni HIV & AIDS
5. Makomba-Ndlela Youth Project
6. National Department of Agriculture
7. Far East Rand Hospital
8. Leratong Hospital
9. Department of Housing & Land Administration, Mpumalanga
10. Nomotsha HIV & AIDS Project
11. SANCA Central Rand
12. Tshepong AIDS Project
13. Vukani Youth Club
14. Aplitec (NET1 Applied Technology Holdings)
15. CINDI (Children in Distress) Network

Appendix 5 – Prevention – Peer Education

Peer Education – July – December, 2004

Project Name:	Site	Number Enrolled	Number Trained	Number Active	Number PE Trained	Outreach Meetings	Men Reached	Females Reached	Male Condom Points	Male Condoms Free
Asiphileni	Kanyamazane	122	122	122	408	1231	8148	5703	22722	11437
Bank	Bank Mine	71	69	71	110	208	2395	1381	120	54200
Bhamjee	Ngodwana	100	98	89	213	451	5003	3325	0	75950
Blackhill	Blackhill	153	153	153	396	435	2560	2337	78	25956
Consmurch	Murchison	24	24	24	64	23	305	54	0	2450
Cwayisizwe	Nhlazatshe	117	117	111	184	849	7276	6978	29455	10160
Dilokong	Gamaroga	52	52	52	193	398	701	507	17500	10950
Dunusa	Dunusa	144	144	141	384	630	3198	4467	55	10232
Emgwenya	Waterval boven	53	35	47	147	318	10000	8400	500	4700
Emthonjeni	Machadodorp	46	45	46	128	331	1658	1981	20	10170
Emzinoni	Bethal	66	63	63	158	878	17090	14000	44558	87204
Ermelo	Wesselton	123	120	123	192	1067	7738	11222	136548	132989
Evander	Evander	75	75	63	200	328	2841	1413	21380	85692
Goedehoop	Goedehoop	86	86	70	251	200	10895	8082	60	43876
Hlanganani	Standerton	93	93	87	234	1236	10816	12373	25000	62812
Hlanganani	White river	118	118	117	216	2574	10681	7730	372	28983
Inhogoia	Mozambique	80	80	80	239	2395	3210	2660	20000	27000
Kleinkoppie	Kleinkoppie	230	91	87	265	933	7994	8647	436	43288
Kriel	Kriel	103	103	103	234	1395	13475	9239	15146	49735
Kwazanele	Breyten	48	66	72	235	1464	22548	27363	32103	34003
Lesedi	Balfour	79	79	79	250	1231	5422	7922	243	18251
Light of the nation	Barberton	186	186	176	574	2033	25174	24206	11060	135001
Lothair	Lothair	60	60	59	200	733	7306	7409	10474	36355
Lusito Iwethu	Shongwe	153	180	146	139	63	1243	1770	12405	14512
Mamokgale maphiri	Ohrigstad	64	64	64	192	679	3593	3070	0	7294
Mapochs	Rossenekaal	27	27	27	69	182	3773	2558	38	26270
Mashishing	Lydenburg	90	90	88	271	883	4959	4945	46367	26113
Masiyephamb ilingempilo	Rustplaas	114	114	103	311	692	5860	6199	0	16432
Masizakhe	New denmark	84	84	83	284	647	10120	6444	51	95883
Mhluzi	Mhluzi	62	62	58	239	151	1125	1550	147	51140
Mzinoni	Bethal	29	29	27	50	163	2959	2869	72	3996
Navigation	Landou navigation	97	97	95	225	301	1768	1728	95	16865
Phakamani	Leandra	84	84	84	239	1548	8129	12105	168	53517
Phola	Ogies	120	120	114	296	344	3449	2093	194	37151
Qaphelani	Embalenhle	232	232	228	509	3099	16644	27835	11756	45476
Qondisa	Witbank	90	82	82	268	1240	4471	2145	280	18922
Resano Garcia	Mozambique	126	126	124	208	3038	11260	8010	47000	56950

Rietspruit	Rietspruit	72	72	72	234	1416	8482	9525	17585	65250
Silestimpilo	Matsulu	25	23	23		160	1341	1436	2760	3085
Siletsimpilo	Matsulu	75	73	69	242	843	8829	8819	17585	14385
Silwanayo	Pietretief	74	120	93	314	1075	22131	27499	34060	13676
Simunye Against Aids	Mpuluzi	168	168	164		768	6534	15468	41359	20213
Sinethemba	Ext 14 Embalenhle	89	83	94	292	1310	5894	11113	2440	17198
Siyathuthuka	Belfast	53	53	53	128	502	2419	3115	40	6800
Siyavikela	Witbank	50	45	46	107	190	577	633	32	6194
Sizanani	Hendrina	108	114	108	312	322	1538	1238	11000	10388
Sizonqoba	Fernie	70	70	28	83	79	518	1294	10092	2584
Sonqoba	Tonga	136	136	133	434	2344	5150	5950	29000	40000
Strydom Tunnel	Ohrigstad	72	64	61	178	580	1705	2250	8558	13732
Thibela	Burgersfort	76	14	72	216	350	14376	16393	10600	5037
Vuselela	Kwambo	54	36	37	40	67	1753	1893	6	2721
Warberton	Nganga	9	9	9		86	522	752	500	6239
Warburton	Nganga	48	48	48	188	581	2882	3240	600	17371
TOTAL		4780	4598	4468	11543	45044	350438	371338	692620	171678

Appendix 6 – Prevention Tools

PROCESS INDICATOR FORM FOR PREVENTION

Project Name	Site Name	Month & Year	Coordinator's Name	Signature	
VOLUNTEERS					
Number of PE Enrolled		Number of PE Trained		Number of PE Active	
Date of PE Training (Weekly Meetings)		Topics		Number of PE Trained	
				Hours Training	
Adult One-on One discussion					
Date	Topics		Males	Female	
				Totals	
Youth One-on –One discussion					
Date	Topics		Boys	Girls	
				Totals	
Outreach Meetings		Men Reached		Woman reached	
CONDOMS					
Male condom points (outlets)		Male condoms sold		Male condoms distributed free	
Female condom points (outlets)		Female condoms sold		Female condoms distributed free	
SCHOOLS VISITED					
Name of schools	Boys attended	Girls attended	Topic discussed		
			Response		
YOUTH REFERRED TO					
Health centers		Local government centers		Social worker	
Attended Positive	Attended Negative	Attended positive	Attended negative	Attended positive	Attended negative
STI's					
1.Public STI care facilities		Male STI cases treated		Female STI cases Treated	
2.Workplace STI care facilities		Male STI cases treated		Female STI cases Treated	
3.Private STI care facilities		Male STI cases treated		Female STI cases Treated	
1. Public facility RPR test		2. Workplace facility RPR test		3. Private facility RPR test	
Negative -		Negative -		Negative -	
Positive +		Positive +		Positive +	

Example of Youth Programme Reporting

Type of project: Adolescent prevention support and delivery services

Name of project: Isibane Sezwe Youth Peers

Name of coordinator: Ephraime Nhlanhla

Project area/location: eMzinoni

Brief description of project area/location:

The area of eMzinoni is full of young people who are unemployed. Because of that situation they are involving themselves in drugs especially the boys from ages 19-25years. The youth (girls) is also engaging themselves in sexual activities, which leads to abortion, teenage pregnancy, drugs and alcohol. We are now facing the problem of lots of abortion, which is killing them as they are doing it illegally. The death toll is increasing daily but with the help of the existing youth club, there is a difference, which they make.

ACTIVITY	2001	2002
Number of adolescent prevention delivery services volunteers	16	16
Number of adolescent prevention community meetings	132	171
Number of boys reached by prevention services	1396	6675
Number of girls reached by prevention services	1782	7332
Number of condoms distributed to the community to avert STDs/HIV/AIDS	1281	5027
Number of adolescent referrals to clinics for treatment of diseases	18	89

Appendix 7 – Mitigation - Home Based Care

Home Based Care Statistics: July to December 2004 – Example of some of the routinely collected programme monitoring data

Project Name:	Site Name:	Number HBC Trained	Number Male Trained	Number Female Trained	Number Boys Trained	Number Girls Trained	Men Receiving Home Care	Woman Receiving Home Care	Existing Clients	New Clients	Clients Lost	Total Clients
Bambanani	Zaaiplaas	612	130	222	155	261	29	38	78	24	35	67
Bophelong	Ekgangala	89					58	103	105	61	5	161
Bophelong	Kwamhlanga						208	298	475	37	5	507
Care with love	Embalenhle	589	81	182	108	199	589	1400	1994	59	72	1981
Coromandel	Lydenburg	130					386	1033	1506	2	89	1419
Dunusa	Dunusa	96		70	47	137	463	664	1044	148	3	1189
Ekukhanyeni	Delmas	284					1142	506	862	4	28	838
Elukwatini	Elukwatini	268	141	237	169	245	316	618	755	128	44	839
Empilweni	Breyten		90	212	105	179	14	24	39	7	8	38
Empilweni	Pietretief	149					101	624	334	23	25	332
Emthonjeni	Witbank	118					38	76	115	17	18	114
Entokozweni	Leandra	581	94	151	50	136	577	593	1172	26	22	1176
Gamanoke	Burgersfort	108	1164	601	78	224	193	433	623	5	15	613
Helping hands	Ermelo	144					103	66	176	4	11	169
Helpmekaar	Graskop	292					141	125	260	7	0	266
Hope	Kinross	335	53	32	321	104	236	257	467	39	13	493
Itereleng	Steelpoort	198					591	1319	1871	78	43	1906
Kathleho	Balfour	108	19	83	16	12	94	83	171	11	5	177
Kgautswane	Ohrigstad	267					276	564	834	11	8	837
Kromdraai	Kromdraai	192	88	113	563	580	307	475	777	17	12	782
Kungwini	Ekgangala	345	1219	1781	729	1629	656	929	1575	44	34	1585
Kutlwano	Greylingstad						42	36	44	34	6	72
Kwachibikhulu	Kwachibikhulu						45	97	141	25	25	141
Kwadela	Davel	158	38	42	63	52	52	216	278	3	8	273
Leboeng	Ohrigstad	408	66	258	150	200	848	2027	2897	16	38	2875
Leroro	Leroro	280					83	216	299	4	4	299
Lethimpilo	Melmoth	257	33	59	34	50	232	569	844	23	70	797
Lethuthando	Mthonjaneni	156					349	439	766	29	10	785
Maope	Gariba	44					31	37	945	3	0	948
Masakhane	Monstorus	400					118	402	541	10	31	520
Mashishing	Lydenburg	552	169	227	192	225	1026	1677	2689	16	41	2623
Masibonisane	Diepdale	320	49	139	62	99	626	1377	1986	40	26	2000
Masiyephambile	Rustplaas	68					82	66	145	16	13	148
Masiyephambili	Rustplaas	109					236	258	481	39	26	494
Matibidi A	Matibidi	396					394	537	927	10	6	771
Matibidi B	Matibidi	560	140	380	370	738	465	578	1019	34	10	1043
Mfule	Melmoth				29	24	221	246	469	7	6	470
Mhluzi	Nkangala	121	12	39	28	53	387	562	1291	35	226	1100

Mlalazi	Eshowe	184	30	25	44	33	368	276	628	26	10	644
Mmamethlake	Mmamethlake	340			457	816	480	932	1358	88	44	1402
Moremela	Moremela	231					137	164	292	9	0	301
Ndabazensangu	Melmoth	277	30	86	75	100	1220	2864	4075	88	79	4084
Ndundulu	Melmoth	92					155	240	481	2	88	395
Nomakhaya	Phola	124					410	595	825	197	17	1005
Nyahato	Ekgangala	256	1365	2511	728	1628	523	800	1309	55	31	1333
Pelolediatla	Driekop	264	115	141	108	206	1026	2456	3567	2	87	3482
Philisa	Bethal	667	43	78	54	67	1156	4807	5972	44	56	5960
Phiring	Ohrigstad	330	103	207	174	228	901	911	1766	47	7	1806
Pilgrimrest	Pilgrimrest	44					65	147	92	2	5	89
Pilgrimsrest	Pilgrimrest	44					18	28	30	16	0	46
Sabie	Sabie	381					1146	1612	2526	148	96	2578
Sakhisizwe	Hendrina	225	46	118	93	163	183	393	529	65	33	553
Silindile	Lothair	304	43	127	27	83	48	87	133	30	28	135
Silusizo	Dullstroom	297	161	247	126	161	37	70	91	54	48	97
Sinobuhle	Melmoth	246					588	978	1685	7	66	1626
Sithembinkosi	Morgenzone	44					167	355	523	5	4	524
Siyanakekela	Witbank	197	146	250	143	252	370	675	1116	45	49	1112
Siyanoqoba	Greytown	91					93	109	171	54	13	212
Siyaqhubeka	Caroline	236					155	181	336	49	32	353
Sonoqoba	Breyten	228	325	434	445	510	175	332	504	15	19	467
Tholimpilo	Standerton	57	8	32	4	8	58	87	128	33	16	145
Tjakastad	Tjakastad	185	89	151	95	40	308	324	622	48	38	632
Vezokuhle	Melmoth	299	25	56			807	1878	2664	172	191	2645
Vuma impilo	Witbank	196	22	25			245	544	774	46	31	789
Zigcine uphilile	Philadelphia	58	130	151	235	332	143	291	489	169	114	544
		14631	6267	9467	6077	9774	22737	41704	63681	2612	2243	63807

Appendix 8 - Mitigation Tools

MITIGATION CARE AND SUPPORT MONTHLY REPORT

GENERAL

PROJECT NAME: _____
 SITE NAME: _____
 COORDINATOR: _____

MONTH AND YEAR: _____
 NUMBER OF VOLUNTEERS: _____
 NUMBER OF ZONE LEADERS: _____

VOLUNTEERS – TRAINING

WEEKLY DATES:	TOPICS:	NUMBER TRAINED:	HOURS TRAINED:

VOLUNTEERS – VISITS

NUMBER OF VISITS: _____ MEN REACHED: _____ WOMAN REACHED: _____

CLIENTS

NEW CLIENTS THIS MONTH: _____ CLIENTS TERMINALLY ILL: _____
 CLIENTS LOST THIS MONTH: _____ CLIENTS CHRONICALLY ILL: _____

NUMBER OF CLIENTS REFERRED TO – VCT: _____
 ARV: _____
 F.P: _____
 STI: _____

AMOUNT OF CLIENTS RECEIVING ARV: _____ CONDOMS DISTRIBUTED: _____

CARE GIVERS / FAMILY MEMBERS / NEIGHBOURS

WEEKLY DATES:	TOPICS:	MEN RECEIVING TRAINING:	WOMAN RECEIVING TRAINING:

NUMBER OF CARE GIVERS / FAMILY MEMBERS / NEIGHBOURS REFERRED TO – VCT: _____
 ARV: _____
 F.P: _____
 STI: _____

CONDOMS DISTRIBUTED: _____

OTHER INFO

Project Support Association of Southern Africa

FOLLOW-UPS

VCT TESTED ON – MEN: _____

WOMAN: _____

PLWA SUPPORT GROUPS – MEN: _____

WOMAN: _____

STI'S TREATED: _____

FP METHODS: _____

Child Care Monthly Report

HBC Coordinator _____ **CCS Name** _____

HBC PROJECT NAME _____ **YEAR/MONTH** _____

MUNICIPALITY _____

ACTIVITIES DONE DURING THIS MONTH	
• Tot no. new orphans benefiting at site this month?	
• Tot no. orphans moved away/deceased?	
• Tot no. orphans at the end of the month?	
• Tot no. families counseled?	
ADULT HEADED HOUSEHOLDS WITH ORPHANS	
• Tot no. adult headed households?	
CHILD HEADED HOUSEHOLDS WITH ORPHANS	
• Tot no. child headed households?	
VULNERABLE CHILDREN	
• Number of vulnerable children reported during this month?	
OTHER INFORMATION ON CHILD CARE	
• No. of children referral made?	
• No. of children referrals followed up?	
• No. of children referrals received?	
• No. of children registered in school?	
• No. of children not enrolled in school?	
• No. of children missed more than 3 times in last 3 weeks of schooling?	
• No. of children regularly leaves early/arrives late at school?	
• No. of children denied access to school due to associates with HIV/AIDS?	
• Tot no. children issued with school uniform?	
• Tot no. children issued with stationery?	
• Tot no. children- do not have to pay school fees?	
GRANTS AND REGISTRATION	
• Tot no. birth registration – applied?	
• Tot no. children waiting birth registrations?	
• Tot no. children -child support approved?	
• Tot no. foster grants approved?	
• Tot no of parents assisted with will preparation?	
HOME VISITS	
• Tot no. of visits?	
• Hours spend during visits?	
• Tot no. of community meetings held?	
• Tot no. of people reached?	
• Tot no. of male condom distributed?	
• Tot no. of female condom distributed?	
• Tot no. children – accessed VCT service?	

Home Based Care Work Programme Form

DATE OF VISIT	TIME SPENT	NEEDS ASSESSMENT/ MEDICAL PROBLEM	OTHER PROBLEMS	ACTIVITIES PERFORMED	SIGNATURE

Home Based Care Health Record File

Date of visit: _____ Time spent: _____ Transport to patient: Foot/Car

Patient Name: _____ Age: _____ Sex: _____

Marital Status: _____ Primary Caregiver for patient: _____

Physical Address where patient is staying:

NEEDS ASSESSMENT:

Medical problems (eg High blood, diabetes, rashes, etc):

Spiritual/Social/Mental problems (eg Unable to wash clothes/fetch water, etc):

ACTIVITIES PERFORMED: (please write only what you did for the patient)

Nursing (e.g. wound dressing ect.)

Health Education (e.g. Nutrition, hygiene, etc)

Practical Support (e.g. Fetched water, cooked food etc.)

Spiritual Support/Counselling:

Who accompanied you on visit?

Name of person completing form:

Signature: _____

Date: _____

Bibliography

<http://www.angloamerican.co.uk/>

<http://www.eskom.co.za/>

<http://www.mbendi.co.za/orgs/cb23.htm>

<http://population.pwv.gov.za/research/hcbc/Mphcbc2001.htm>

Kriel AIDS project (1997). *Progress Report: 1 September, 1997 Kriel Peer Education Project*. Mpumalanga: publisher self.

Kriel AIDS Project (1998). *Progress Report: June, 1998 Kriel Peer Education Project*. Mpumalanga: publisher self.

Kriel-Bethal-Ermelo AIDS Committee and Project Support Group (1999). *Peer education to prevent STD/AIDS transmission in Kriel, Bethal District Progress report: July to December, 1998*. Mpumalanga: publisher self.

Project Support Association Southern Africa (2002). *Peer Education To Prevent HIV/AIDS and Mitigate Its Impact, 1 July 2002 to 30 June 2005*. Mpumalanga: publisher self.

Project Support Association Southern Africa (2003). *History of the Organisation*. Mpumalanga: publisher self.

Project Support Association Southern Africa (unspecified). *Project Support Association Southern Africa*. Mpumalanga: publisher self.

Project Support Association Southern Africa (unspecified). *Proposal for Continuum of Prevention and Care to mitigate the impact of HIV/AIDS among vulnerable communities in Southern Africa*. Mpumalanga: publisher self.

Project Support Group (2002). *USAID Regional HIV/AIDS Program (RHAP) Project Support Group (PSG) Presentation*. Publisher self.

The Bethany Project (unspecified). *Guidelines to Establishing a Community-Based Orphan Care Programme*. Zimbabwe: publisher self.

References

- ¹ Shisana O, Leickness S. Nelson Mandela / HSRC Study on HIV/AIDS, South African National HIV Prevalence, Behavioural Risks and Mass Media, Household Survey 2002. Published by HSRC, 2002.
- ² Directorate: Health Systems Research, Department of Health. Report – National HIV and Syphilis Antental Sero-Prevalence Survey in South Africa, 2003. Government Printers 2004.
- ³ Mpumalanga Department of Health, CDC Annual Report 2002. Mpumalanga Department of Health, January 2003.
- ⁴ UNAIDS, Peer education and HIV / AIDS: Concepts, uses and challenges. UNAIDS December 1999 (UNAIDS / 99.46E)
- ⁵ Primary Health Care Directorate, Mpumalanga District Health Manual, 1999. Mpumalanga Department of Health.
- ⁶ National Department of Health, National HIV AIDS Review, 1998
- ⁷ Mpumalanga Department of Health, CDC Annual Report, 1998. CDC Unit, Mpumalanga Department of Health February 1999.
- ⁸ CDC Unit – HIV AIDS Programme, Impact of HIV AIDS within Government Departments of Mpumalanga; Mpumalanga Department of Health, October 1998.
- ⁹ International Family Health, http://www.ifh.org.uk/lowincome_women.html, accessed 2005/04/11
- ¹⁰ Billingham KG, PSG Home Based Care 2004 – 2008, 2004, Published by PSG
- ¹¹ WHO. AIDS home care handbook. Geneva. World Health Organisation, 1993 (document WHO/GPA/AIDS/HSC/93.2)
- ¹² WHO. Home-based and long –term care: home care issues at the approach of the 21st century from a World Health Organisation perspective: annotated bibliography. Geneva. World Health Organisation, 1999 Document WHO/HSC/LTH 99/1)
- ¹³ CDC Unit, CDC Annual Report, 2000. Mpumalanga Department of Health.
- ^{xiv} Billingham KG, PSG Home Based Care 2004 – 2008, 2004, Published by PSG
- ^{xiv} WHO. AIDS home care handbook. Geneva. World Health Organisation, 1993 (document WHO/GPA/AIDS/HSC/93.2)

- ¹⁵ <http://www.suntimes.co.za/2000/04/09/news/gauteng/njhb09.htm> accessed 2005/04/11
- ¹⁶ <http://www.learnscapes.co.za/news%20-%202003-12-10.htm> accessed 2004/10/03