Project Support Association of Southern Africa

Initiating HIV AIDS Community Programmes From 1996 to 2004

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Foreword

Southern Africa is the sub region most affected by the HIV/AIDS epidemic, with South Africa having the highest number of HIV infected people. It is estimated that 5,3 million people were living with HIV in South Africa at the end of 2003. (UNAIDS, 2004). Approximately 30% of people living with HIV in the world are in Southern Africa although only 2% of the people in the world reside in this sub region. The devastating effect of this epidemic requires large-scale action and interventions that can be scaled up without compromising quality. The Project Support Association of Southern Africa (PSASA) has successfully implemented several interventions to deal with the epidemic at a large-scale using community volunteers as resources.

The Project Support Association of Southern Africa (PSASA) grew from a small local committee in the small mining town of Kriel in Mpumalanga in 1996 to a large organization supporting over 120 community peer education, home based care and orphan projects in several provinces in South Africa. PSASA is not only offering its services to South Africa but has become a major support and training resource for organizations in other countries including Swaziland, Mozambique, Zambia and Zimbabwe. The backbone of the work of PSASA is the thousands of dedicated community volunteers who freely offer their time to work in their communities. Their valuable contribution should not be underestimated but all credit for successful interventions is due to them.

The experience and contribution of PSASA in providing HIV/AIDS services to communities in Southern Africa is commendable. PSASA's interventions have been replicated with varying success in other countries of the sub region. This publication of the history of PSASA is lauded and will encourage similar organizations to capture and realize their contribution to HIV/AIDS in Southern Africa. This publication can also be useful for those intending to replicate the work of PSASA or such similar work. In addition, the publication will widely disseminate the successes and challenges faced by organizations while implementing HIV/AIDS interventions.

The challenge for PSASA is to further expand its activities and services without burning out or losing quality. I believe that PSASA are aware of this challenge and will work towards minimizing the possible impacts of burn out and loss of quality.

I wish PSASA every success in its future endeavors to mitigate the impacts of HIV/AIDS and congratulate it on the publication of its history.

Noeleen Dube
PSASA Director, May 2005

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List of Abbreviations

STI	Sexually Transmitted Infection
MPSA	Mpumalanga Project Support Association
MEC	Minister of Executive Council
PSASA	Project Support Association, Southern Africa
PSG	Project Support Group
HIV	Human Immune Deficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
CSW	Commercial sex workers
SSW's	Subsistence sex workers
NPO's	Non Profit Organizations
NGO	Non Government Organisation
CBO	Community Based Organisation
PVO	Private Voluntary Organization
PHC	Primary Health Care
DOTS	Directly Observed Treatment Short course
CDC	Communicable Disease Coordinator
MPU	Mpumalanga
KZN	KwaZulu-Natal
IGA	Income Generating Activities
VCT	Voluntary Counseling and Testing

Executive Summary

HIV AIDS has been steadily increasing in Southern Africa since the early 1990's. Mpumalanga Province in South Africa, with its heavy industry, tourism, common boarders and poorer communities has been particularly hit with HIV prevalence's in the total population recorded at 21.7%.

In partnership with the private sector, government health services and local communities a peer education prevention project targeting disadvantaged women in the Kriel community was established late 1996. Early monitoring data indicated a high exposure by the community to the project with increasing numbers of condoms being distributed. Later information demonstrated the positive outcomes and positive behavioural change.

The success of the peer education model used was then duplicated through out the province to other communities of Mpumalanga with 23 projects using 533 community volunteers at the beginning of 1998. A Non Profit Organization was established to manage the increasing number of projects and facilitate communities with new prevention initiatives. Later named the Project Support Association of Southern Africa (PSASA) it worked in close association with the Project Support Group (PSG) and went on to support Home Based Care activities.

Increasing numbers of community prevention and mitigation activities resulted in a number of challenges. Despite this, PSASA continued to expand the number and types of activities. By the end of 2004, PSASA was supporting 84 prevention activities (community, youth, student and workplace peer education activities) using 1730 volunteers and 108 mitigation activities targeting the sick dying and orphans and vulnerable children (using over 1200 volunteers). A key to the success of rapidly scaling up HIV programme activities is attributed to the energy and motivated staff using an effective model with support by numerous different partners. PSASA has gone on to develop its programmes in Mozambique, Swaziland and KZN.

This extensive community programmes resulted in the PSASA staff being awarded the African Heritage Foundation Trust award in December 2003.

Future expansion is planned especially in the context of the National ARV roll out and to continue expanding OVC programmes.

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