

5.3 INTEGRATED HIV/AIDS PROGRAMME

5.3.1 NATIONAL STRATEGY ON HIV/AIDS

Lesedi Local Municipality subscribes to the five - year **National Strategic plan** unveiled by the Minister of Health.

The primary goals of the Plan are:

- to reduce the number of new HIV infections by 50%
- to reduce the impact of HIV/AIDS on individuals, families and communities.
- Treatment, care & support to at least 80% of people living with the virus
- Support at least 80% of orphans & vulnerable children

The primary priority areas of intervention are:

- prevention of further infections;
- treatment, care and support of people infected and affected;
- protection of human rights and access to justice
- monitoring, research and evaluation.

The Plan also lists eight general strategies aimed at achieving the goals listed above. These are to:

- provide HIV/AIDS education in order to raise public awareness, using an effective communications strategy that will facilitate behavioral change and openness;
- Ongoing mobilization, involvement & participation of households
- Ensuring synergy & integration of programmes for effective use of resources
- Voluntary Counselling & Testing , Prevention of Mother to Child Transmission & Post Exposure Prophylaxis
- Anteretroviral Therapy
- Early referral to appropriate services;
- improve STI management and promote increased condom use to reduce the rate of STI and HIV infection;
- improve treatment for HIV-positive individuals and people with AIDS in order to promote better quality of life and limit the need for hospital admission;
- increase the number of extent of projects that target HIV. For instance, focusing on high transmission areas;
- improve prevention and treatment of TB and other opportunistic infections; and
- establish poverty alleviation projects to address the root causes of HIV/AIDS and TB.

5.3.2 PROGRESS IN LESEDI

- STRUCTURES
 - A committee responsible for selecting and monitoring funding and NGO's activities was formed and is functioning, strengthened by political leadership.
 - Intersectoral HIV/AIDS committees are being strengthened by full participation of most sectors e.g. Education, Sanco, higher education, SRAC, etc.
 - Monthly meetings are held throughout the subdistrict

- SOCIAL MOBILIZATION AND COMMUNICATION
 - volunteers have been trained on HIV/AIDS formation and counselling and are involved in various HIV/AIDS programmes, such as campaigns, voluntary testing and counselling, care and support of the infected and affected, across the district.
 - Education on HIV/AIDS at various community-based institutions such as churches, prisons, and schools is continuing.
 - Campaigns were conducted especially around the HIV/AIDS awareness period [November – December] World Aids Day.

- Door-to-door campaign whereby volunteers visited households was a success in mobilizing and creating awareness about HIV/AIDS within communities across the district.

PREVENTION STRATEGIES IMPLEMENTED THROUGHOUT SUBDISTRICT

- Voluntary Counselling & Testing (VCT) + Prevention of mother to child transmission [PMTCT] have been implemented throughout to minimize the infection rate.

The sites are:

- Heidelberg Hospital
- Usizolwethu Clinic (Devon)
- Vischkuil Clinic
- Jameson Park Clinic
- Rensburg Clinic
- Heidelberg Clinic
- Ext. 23 / 26 Clinic
- Ext. 7 Clinic
- Ratanda Clinic

- Post exposure prophylaxis [PEP] to minimize the infection rate among the rape victims has been implemented at :-
 - Heidelberg Hospital

- Sexually Transmitted Infections [STI] services are available throughout the subdistrict. No serious STI drug stock outs were found. There were however inconsistencies with the use of protocols although the majority of nurses were found to have been trained in STI management [79%].
- Condom distribution in all health facilities, municipal buildings, shops, shebeens and petrol stations is continuous.
- Training of volunteers is ongoing to empower them on HIV/AIDS prevention and care.
- Life skills programme in schools has been reinforced. HIV/AIDS education at schools has been elevated to become a curriculum subject.
- **COMPREHENSIVE CARE AND SUPPORT**
 - Medicine for opportunistic disease is available in the clinics.
 - Social support grants are available for AIDS ill patients, orphans and children under 7 years from Social Services.
 - Youth friendly services are established to make services accessible and acceptable.
 - Counselling services are available in all clinics.
 - 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.

- **EPI**

All clinics are providing immunization services. There is however a problem calculating coverage due to unreliable population denominators. The coverage is presently based on dropout rate which for the last quarter is 113%
- **WEAKNESSES AND THREATS**
 - Social Support Services still not accessible to everybody.
 - Communication with all sectors is not yet optimal, needs improvement.
 - Sustaining of volunteers.
 - Not all health sectors are user friendly.
 - Poor monitoring and evaluation due to lack of manpower.
 - VCT and PMTCT still not accessible to all communities.
 - Poverty alleviation programmes for HIV not well established.
 - Media coverage at local level poor.
 - Public/private partnership poor.
 - Capturing of HIV/AIDS statistics only facility based namely hospitals and clinics. There is a need for community based surveillance programme.
 - The demand of Anti-Retroviral medication for both infected mothers and infected people.
 - Increase in infection rate amongst children between 2-14 years.

- Economic decline due to working class being ill and increase in child headed families.
- Medical treatment sustainability.
- Sustaining effective HBC, CBO and NGO's.
- Orphans increase.
- T.B. remains the most common priority opportunistic disease to HIV/AIDS.

• **OPPORTUNITIES/RECOMMENDATIONS**

- Strengthen monitoring and evaluation of NGO's and health sector.
- Drawing business plan for Lesedi AIDS Council and workplace.
- Strengthen coordination and partnership between the Local Councils and Private Sector.
- Orphan support to be strengthened.
- Behavioural changes e.g. decrease stigma attached to HIV/AIDS.
- Improve intersectoral communication.

5.3.3 HIV/AIDS ACTIVITIES IN LESEDI

• **CARE**

The following organizations have been established within the last five years:

Devon

Siyaphila Care Group

Phola Hospice

Vischkui I

Boiketlo Care & Education Group

Ratanda

Ikhono Care Croup

Lebone Drop In Centre

Jameson Park

Phakamani Ma Africa Care Group

Zonkizizwe Drop In Centre

• **TRAINING**

Number of volunteers were trained in HIV/AIDS and Counselling. Non-governmental organization members were trained in Home Based Care. They are also trained in DOTS [TB], Cancer. Some members were also trained in Programme and Financial Management.

• **FUNDED ORGANIZATIONS**

The following organizations are funded by government:

Ikhono Care Group

Siyaphila

Phakamani Ma Africa

Phola Hospice

Boiketlo HBC

Seekers Tower

Lebone Drop In Centre

Zonkizizwe Drop In Centre

Prevention of Mother to Child Transmission has been introduced in the following areas:

- Ratanda Clinic
- Jameson Park Clinic
- Heidelberg Clinic
- Ext 7 Clinic
- Ext 23/ 26 Clinic
- Rensburg Clinic
- Vishkuil Clinic
- Usizolwethu Clinic (Devon)
- Heidelberg Hospital

There are HIV/AIDS counsellors in these institutions.

- **FORUMS**

NGO forums were established in Lesedi. These forums meet every month.

- **INTERDEPARTMENTAL INTERSECTORAL TEAM**

This team constitutes of government officials. They meet every quarter whereby they plan for Lesedi area. Representatives from the different departments form the team viz SAPS, Correctional Services, Health, Local Government, etc.

- **EDUCATION**

Every year volunteers are recruited to do door-to-door campaigns. Through it the community is informed about HIV/AIDS and are assisted with problems they encounter. They are further referred to different organizations for assistance. The volunteers are trained first before they become involved in the campaign. These campaigns are funded by the provincial government. After every campaign they receive a stipend. Lesedi has established a cell-to-cell campaign in prisons.

- **PROBLEMS ENCOUNTERED**

- Lack of clinics or mobile clinics in other areas especially rural ones.
- Lack of cooperation from other NGO's.
- Lack of cooperation from other officials.