



Masibambisane Limpopo Summit 2007 20 to 23 March 2007 Report



Table of contents

Introduction—Fiona Macdonald, Director of CHoiCe	1
Organisations Registered for the Masibambisane Limpopo 2007 Summit	3
Department of Health	
HIV&AIDS in SA & Limpopo. Setting the scene	5
Overview of the Provincial Integrated AIDS Plan	6
Anti-retroviral Treatment Programme	8
VCT Programmes	11
Home Community Based Care	15
Department of Social Services: HIV & AIDS — Social Assistance and Development	
Creating Safety Nets and Social Capital	18
Funding for NGO & CBO HIV & AIDS Sector	19
Children and HIV & AIDS	21
Working with Children	22
Gender Dynamics	23
Social Grants: The Practical Side	24
Coping with Financial Shocks	27
Department of Education,	
HIV in the Education Sector	28
Life-Skills HIV & AIDS Programme. Where are we?	29
Successful Peer Education Programmes —What makes them work?	30
Involvement of Youth in Advocacy Work	31
At Risk and Out-of-School Youth: Getting them involved	33
Legal Background to Promoting Non-Discrimination and Reducing Stigma	35
Social Mobilisation and Community Response	
Mopani District Municipality	35
Social Capital & Community Mobilisation: the Role of NGO's and CBO's	36
An Overview of the Provincial Integrated AIDS Plan: Progress & Challenges	37
Improved Networking and Collaboration in the Capricorn District	42
Improved Networking and Collaboration in the Mopani District	43
Improved Networking and Collaboration in the Sekhukhune District	46
Improved Networking and Collaboration in the Vhembe District	47
Improved Networking and Collaboration in the Waterberg District	49
Skills Development Workshops	
Psychosocial Support	50
Home Based Care and Medical Care	54
Memory Boxes, Personal Finance and Preparing for Bereavement	56
Communication and Counselling Skills —Conflict Management	61
Working with Children and Communication Skills for Counselling	63
Food Gardens	66
Participatory Methods	70
Unsung Heroes Awards Ceremony	72
Evaluation of all 4 days of the Summit	75
Speaker contact details	76
Abbreviations	78

Introduction—Fiona Macdonald CHoiCe Trust



1. BACKGROUND TO THE MASIBAMBISANE SUMMIT & THIS REPORT:

Masibambisane, meaning “we all come together” was a name determined by WC-NACOSA for the first large scale summit the Western Cape Networking AIDS Community of South Africa (WC-NACOSA) called in December 2002 for all NGOs, CBOs, and key government stakeholders in the Western Cape.

After the success of the first summit this concept then extended to Masibambisane 2, which was held in November 2004 in the Western Cape and is now being rolled out in all provinces, under the Mentoring Resource Network (MRN) through its provincial implementing partners.

In February 2007, CHoiCe Trust hosted the Limpopo Summit. Although held during a heatwave, the over 300 participants from across the Province, from government to Civil society, were unanimous in their praise for the Summit and its success at networking and building relationships. This report has been developed in great detail following many requests from participants who want to use the information in their Organisations. We hope that this will be a tool that will be used to shape the future of summits.... offering an opportunity to bring the sector together, promote dialogue with government, evaluate current HIV & AIDS programmes and critically analyse the role of the sector, identify gaps and make recommendations.

Grateful thanks to the funders for this summit – we hope that this can become an annual event that is valued and valuable.

2. BACKGROUND TO THE PROBLEM:

Every day the growing impact on families and communities undermines many development gains in South Africa. HIV & AIDS threatens development targets for health, child rights and poverty eradication. HIV & AIDS is destroying families, communities and the social and economic fabric of our nation. With no cure or vaccine in sight, with only a minority of people living with HIV accessing anti-retroviral treatment, impacts are grave on community and household level. It is therefore crucial that civil society is supported and capacitated in becoming an important partner in prevention and support services, so as to provide effective, efficient and community orientated services and support to people living with HIV & AIDS and their families.

Community based organisations are best placed to respond to community needs being better equipped to mobilise local HIV campaigns and responses. Given the increasing demand for services and the up scaling of home based care, anti-retroviral roll out and poverty alleviation programmes NGOs and CBOs are increasingly being asked to expand their prevention and support services. Community based organisations are critical partners in the successful implementation of government programmes and support for the nation’s strategic HIV & AIDS plan.

However many NGOs and CBOs, particularly emerging community based and rural organisations are met with many challenges;

- CBOs and NGOs often lack the capacity to secure funds, having inadequate systems for monitoring, evaluating, reporting and managing programmes.
- CBOs and NGOs rely on volunteer support and lack infrastructure, as well as designated and skilled personnel to manage activities and grow to meet the increasing demands for services.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Treatment
ARV	Anti-retroviral
CBO	Community Based Organisation
CCMT	Comprehensive Care Management & Treatment
CCMTSP	Treatment and Support Programme
CHBC	Community Home Based Care
CHC	Community Health Centre
CHH	Child Headed Households
DHSD	Department of Health and Social Development
DoE	Department of Education
DoH	Department of Health
DoSD	Department of Social Development
DOTS	Directly Observed Treatment Short Course
EPWP	Extended Public Works Programme
FBO	Faith Based Organisation
FHI	Family Health International
Financial Mx	Financial Management
GHH	Grandparent Headed Household
HAST	HIV, AIDS, STI & TB
HBC	Home Based Care
HCBC	Home Community Based Care
HIV	Human Immunodeficiency Virus
HR	Human Resources
HTA	High Transmission Area
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
ISO	International Standardisation Organisation
JOHAP	Joint Oxfam HIV and AIDS Program
LAC	Local AIDS Council
LTSM	Learning and Teaching Support Material
M & S	Mentoring & Support
M&E	Monitoring and Evaluation
MD	Managing Director
NDA	National Development Agency
NGO	Non Governmental Organisation
NHLS	National Health Laboratory Services
NIP	National Implementation Plan
NOSA	National Occupational Safety Association
NPO	Non Profit Organisation
NVP	Nevarapine
OVC	Orphans and Vulnerable Children
PAC	Provincial Aids Council
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PLWA	People Living with AIDS
PLWHA	People living with HIV or AIDS
PMTCT	Prevention of Mother to Child Transmission
PPP	Public Private Partnership
Project Mx	Project Management
SAPS	South African Police Service
SASSA	South African Social Support Agency
SGB	School Governing Body
SMT	School Management Team
SOLER	Sit squarely, Open posture, Lean forward, Eye contact, Relax
STI	Sexually Transmitted Infections
TAT	Turn Around Time
TB	Tuberculosis
VCT	Voluntary Counselling and Testing
YHH	Youth Headed Household

Name: Mrs Jwalane Molaba Tel: (011)880-5956/7 (011)442-7642 Fax:	Organisation: Food Gardens Foundation Address: P.O. Box 41250, Craighall, 2024 Email: fgf@global.co.za
Name: Ms Lulu Ndhlovu Tel: (082)3595830 Fax: SEF (015)3072977	Organisation: Small Enterprise Foundation Address: PO Box 212, Tzaneen, 0850 Email:
Name: Mr Ernest Ngobeni Tel: (015)7695053, (072)5104010 Fax:	Organisation: Phalaborwa FM Community Radio Station Address: Phalaborwa Email:
Name: Mr Peter Pilusa Tel: (015)3074833/6890 (082)725 Fax: (015)3074833	Organisation: FAMSA Address: 3 Second Av, Tzaneen, 0800 Email: famsatzaneen@telkomsa.co.za
Name: Mrs Mokibelo Ramashai Tel: (015)2909000 Fax:	Organisation: Department of Health and Social Development Address: Private Bag X9302, Polokwane, 0700 Email:
Name: Mr Matome Raphola Tel: (015) 2909000 (015)2915917 Fax:	Organisation: Department of Health and Social Development Address: Private Bag x9302, Polokwane, 0700 Email:
Name: Ms MJ Seabi Tel: (015)2936211 (083)4599623 Fax:	Organisation: Department of Health and Social Development Address: Email:
Name: Mr Norman Sebe Tel: (015) 963 1184 Fax: (015)9632012	Organisation: Rainbow Youth Development Organisation (RYDO) Address: P.O Box 817, Sibasa, 0970 Email: rydo@mweb.co.za
Name: Miss Ivy Sekoane Tel: (015) 293 6000 (083)2597845 Fax: (015)2936464	Organisation: Department of Health and Social Development Address: Email:
Name: Mr Phuti Seloba Tel: (082)8070796 Fax: (015)2936060	Organisation: Department of Health and Social Development Address: Private Bag X9302, Polokwane, 0700 Email:
Name: Mr Calvin Senong Tel: (015)6332306 (084)6530495 Fax: (015)6337927	Organisation: Department of Health and Social Development Address: Private Bag X9302, Polokwane, 0700 Email: senongmc@dhw.norprov.gov.za
Name: Dr Shilumane Tel: (015)2909000 (083)2640521 Fax:	Organisation: Department of Health and Social Development Address: Private Bag X9302, Polokwane, 0700 Email:
Name: Mrs Jamela Tiva Tel: (015)3076329 Fax:	Organisation: CHoiCe Trust Address: PO Box 2181, Tzaneen, 0850 Email:
Name: Ms Mulao Tshinganga Tel: (015)9632012 Fax:	Organisation: Center for Positive Care Address: Sibasa Email:
Name: Ms Lisa Van der Merwe Tel: (015)3074833/6890 Fax: (015)3074833	Organisation: FAMSA Address: 3 Second Av, Tzaneen, 0800 Email: famsatzaneen@telkomsa.co.za

Memory Box Workshop



- Government and foreign donors often prefer funding larger well known NGOs with infrastructure and sustainable income. This disadvantages small local and rural CBOs which do not have the ability to meet the sophisticated criteria as set by donors.
- There is inadequate networking and coordination amongst HIV & AIDS NGO and CBO providers leading to a duplication of services and wastage of resources. Without a strong national or provincial network structure NGOs and CBOs are often not afforded the opportunity to plan or come together collectively as a strong, unified and coordinated sector.

MASIBAMBISANE: AIMS, OBJECTIVES and ACTIVITIES



Aim: Expanding the HIV & AIDS and TB response; through promoting capacity, building links and networks for greater cooperation and coordination amongst NGOs and CBOs in the Limpopo Province.

Objective: To host a four day HIV & AIDS and TB capacity building summit for 300 NGOs and CBOs in the Limpopo Province.

- Developing and sharing in a joint strategy and plan of action for the province in responding to HIV & AIDS.
- Improving co-ordination & co-operation with increased networking.
- Provincial audit and mapping of services being rendered in the Limpopo Province.
- Sharing best practice, making the links, setting standards and minimum criteria for service delivery.
- Identifying gaps and creative developmental responses that require further support & finance.
- Promote district co-ordination and multi-sectoral HIV & AIDS strategies at a local level.
- Provide skills development opportunity for NGOs and CBOs attending.

The Masibambisane Team: Kate Roper, Thomasin Quibell, Susannah Cole-Hamilton

Supported by



CHoiCe Trust
PO Box 2181
Tzaneen, 0850
choicetz@mweb.co.za
www.choicetrust.org.za
Tel/Fax 015 307 6329

Masibambisane
PO Box 2181
Tzaneen, 0850
masibambisane@agora.co.za
Fax 086 515 0888

Organisations Registered for the Masibambisane Limpopo 2007 Summit

A.B.C. Home Based Care	Kgotlelelang Basadi HCBC
Aganang HIV&AIDS CBO Forum	Kgwete Home Community Based Care
AIDS Virus Research Program - UNIVEN	Khanimamba Training & Resource Centre
Arise & Shine Community Project	Khutso HCBC & DIC
Arthurseat Home Community Based Care Group	Khutso Kurhula
Badiegile Community Organisation	Kingdom Trust
Bakenberg Home Community Based Care	Kodumela ADP
Bakone HCBC	Kodumela Moepa - Thutse
Balwantwa CBO	Kopangang HCBC/Youth Club
Bamabanani Home Based Care	Kopano Ke Maatla Community Care Givers
Benfarm Drop In Centre	Kurisanani (Diocese of Tzaneen HIV/AIDS Programme)
Bokamoso Community Develop and Health Centre	Kwokwane Home Based Care
Bophelo	Lafata Home Based Care
Bula Mahlo HCBC	LAMP
Capricorn District Municipality	Lamulani CBO
Community Health Development Project	Leboeng Home Based Care
Community Responsive Program	Lehlabile HBC & Counselling Association
Dakari Home Based Care Project	Lenkwane La Maphiri Drop In Centre
Destiny Word Leadership & Motivational Centre	Lepelle Health and Social Consortium
Dikgale HCBC	Lephalele HIV/AIDS care group
Dilokong Youth Development & Empowerment Project	Lesedi Drop In Centre
Dilonde AIDS Awareness HBC	Lesedi HCBC
Ditshidze Health Care Project	Limpopo Province CBO Network
Dwars River Parish Aids Response Project	Limpopo Traditional Health Practitioners Forum
Dzekula Development Organisation	Lulekani Home Based Care
Eco-Plan Environmental Club	Mabambra Drop In Centre
Elim Hlangenani Society for the Care of the Aged	Mabotsha HBC Project
Enable ADP HCBC	Mabotsha HBC Project
Established Comphrehensive Youth Organisation	Madibong Community HBC
Evelyn Lekganyane HBC	Maebe Care Group
Fahloshanang HCBC	Mahubahube HCBC
Family and Marriage Society of SA (FAMSA)	Majeje HBC
Fanang Diatla Health Care Group	Makgodu Drop In Centre
Fanang Diatla Self Help Project	Makhushane Drop In Centre
Fhatanani Community Against HIV/AIDS Project	Makotse Women's Club
Folang Medical Centre	Malemati AIDS & TB Awareness
Fundisizwe Health and Social development Services	Mamanyoga Clinic Care Group
Ga-Manoke HCBC	Mamone Home Based Care
Get Ready Information Services	Maope Project
Gingrikani Matjakali Organisation	Mapela HCBC
Greater Tzaneen Municipality	Maruleng HCBC
Gundo Community Development	Maseke Drop In Centre
Hlahla Makibelo Drop in Centre	Mashite Community Home Based Care
Hlayisekani Community Home Project	Mathula Home Based Care
Hlekanang Bakgaga HCBC	Matjedi Home Based Care
Hlokomela	Mbatlo Home Based Care Organisation
Hlulani HBC	MIPPA
Horizon Thusanang	Mogodi Home Based Care
Huresic	Mogoto Lehlabile HCBC
Ihlaganeleng Home Based Care	Mohlanatsi Integrated Rural Development Programme
Ikageng HBC & DIC	Mohlarekoma Home Based Care
Ikageng HCBC	Moletsi Community Radio Station
Ikageng Kromhoek HCBC	Morapaneng HCBC
Ikageng Multi Purpose Centre	Mphambo AIDS Awareness Action Campaign
Inkululeko Xanthia HCBC	Mphatlalatsane HCBC and Drop In Centre/Maraba Clinic
Itekeng HBC	Mphephu Victim Empowerment
Itukisheng HCBC	Mponegele Ke Itirele Community Project
Itumeleng Community Orphanage Centre	Mpudule Ke Bone Drop In Centre
Japan International Volunteer Center	MUCPP
Jerusalem Home BC	Mukula Home Based Care
Joint Education Project	Mulima Community Based Care
Kgautshwane Home Based Care	Muthusi Home Based Care

Masibambisane Limpopo 2007 Speakers Contact Details

Name: Ms Aria Bopape	Organisation: Department of Health and Social Development
Tel: (015)2909267 (015)2909000	Address: Private Bag X9530, Polokwane, 0700
Fax: (015)2913934/3260	Email:
Name: Ms Yvonne Chauke	Organisation: Department of Health and Social Development
Tel: (015)9621000 (072) 1163487	Address:
Fax: (015)9624623	Email: (015)9622275
Name: Mrs Dolo	Organisation: Department of Health and Social Development
Tel: (014)7171780 (082)4121763	Address: Private Bag X9302, Polokwane, 0700
Fax: (014)7171429	Email:
Name: Ms MD Hatlane	Organisation: Department of Health and Social Development
Tel: (015)8116500 (073)0760370	Address: Private Bag X9302, Polokwane, 0700
Fax: (015)8123162	Email:
Name: Mrs Colleen Jackson	Organisation: Department of Health and Social Development
Tel: (015)2909000 (082)8031775	Address: Private Bag X9302, Polokwane, 0700
Fax:	Email:
Name: Mrs Criselda Kananda	Organisation: Positive talk
Tel:	Address:
Fax:	Email: criselda@positivetalk.co.za
Name: Mrs Eva Kobola	Organisation: Department of Health and Social Development
Tel: (015)2909000	Address: Private Bag X9302, Polokwane, 0700
Fax:	Email:
Name: Ms Conni Luvhengo	Organisation: Department of Health and Social Development
Tel: (015)9621001 (073)2537334	Address: Private Bag X9302, Polokwane, 0700
Fax: (015)9622373	Email:
Name: Mr MT Maake	Organisation: Mopani District Municipality
Tel: (015)8116319	Address: Private Bag x9687, Giyani,
Fax: (015)8124302	Email:
Name: Advocate Mabaso	Organisation: University of the North
Tel: (082)6666348 (015)2682904	Address: Mankweng
Fax:	Email:
Name: Mrs Elizabeth Mabuza	Organisation: CHoiCe Trust
Tel: (015)3076329	Address: PO Box 2181, Tzaneen, 0850
Fax:	Email:
Name: Mrs Fiona Macdonald	Organisation: CHoiCe Trust
Tel: (015)3076329	Address: PO Box 2181, Tzaneen, 0850
Fax:	Email:
Name: Ms Refilwe Mafangu	Organisation: Department of Education
Tel: (015)2907734 (082)3174732	Address: Private Bag x9489, Polokwane, 0700
Fax:	Email:
Name: Ms Hangwe Manavhela	Organisation: Care SA
Tel: (015) 3076657 (083)6041201	Address: Tzaneen
Fax: (015) 3076657	Email: vmanavhela@telkomsa.net
Name: Ms Jane Manugu	Organisation: Office for the Status of Women, Limpopo Premier's Office
Tel: (015)2876000 (082)7850365	Address: Polokwane
Fax:	Email:
Name: Ms Nomsa Manzini	Organisation: Lovelife
Tel: (076)3803425	Address: Lenyenye
Fax:	Email:
Name: Mrs Tintswalo Mashele	Organisation: CHoiCe Trust
Tel: (015)3076329	Address: PO Box 2181, Tzaneen, 0850
Fax:	Email:
Name: Mrs Yvonne Matukane	Organisation: Department of Health and Social Development
Tel: (084)5054283	Address:
Fax: (015)8510362	Email:

Masibambisane Limpopo 2007

Evaluation of all 4 days of the Summit

What did you think of...?	Poor	OK	Good	Excellent	No of Respondents
The purpose and objectives of the summit	0%	5%	27%	68%	207
The programme for the summit	0%	12%	42%	46%	208
The delegate bags	1%	7%	40%	52%	202
The venue	3%	13%	42%	42%	206
The accommodation	5%	20%	33%	42%	195
The catering	28%	26%	27%	19%	209
The awards evening	6%	17%	29%	48%	179
To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally	No of Respondents
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB	3%	9%	32%	56%	202
Improving coordination and cooperation with increased networking	2%	9%	31%	57%	201
Provincial auditing and mapping of services being rendered in Limpopo	2%	13%	37%	48%	197
Sharing best practice, making the links, setting standards and minimum criteria for service delivery	2%	8%	35%	56%	199
Identifying gaps and creative developmental responses that require future support and finance	2%	16%	36%	46%	190
Promoting district coordination and multi sector HIV & AIDS strategies at local level	1%	12%	32%	55%	194

Percentage of respondents



Mvula Trust
 National Council of African Women
 New Life Consultants
 Ngwenani Mavhola HCBC
 Nhlengano Drop In Centre
 Ntshuxekani Community Based Organisation
 Ntshuxeko HBC
 Ntshuxeko Home Community Based Care
 Nwaxibakhari Development Organisation
 Office of the Status of Women, Limpopo Premier's Office
 Ongola
 Paramount Children of Africa
 People Against the Spread of Aids and Starvation
 Pfunani
 Pfunani Youth Development Project
 Pfunani Rixaka Drop In Centre
 Pfunani Shigamani HBC
 Phadzima Home Based Care
 Phafoshang Sechaba HBC
 Phakgamang Re Tiisane Ba-Phalaborwa.
 Phedisanang HCBC
 Phela O Phedise
 Phela O Phedishe Health & Welfare Care Group
 Phelang Community Centre (Khomani & Phalaborwa Foundation)
 Philadelphia Drop in Centre
 Pholoshong Youth Structure
 Phutha-Ditshaba HCBC
 Polokwane HIV & AIDS Centre
 Praktiseer Home Based Care
 Ramongoana Drop In Centre
 Ramotshinyadi HIV/AIDS Youth
 Re Arthusa Home Base Care
 Reach For Life HBC
 Refilwe Drop In Centre
 Rehlahlilwe HCBC/Percy Clinic
 Religious HIV/AIDS Home Based Care
 Rihanyu Development Centre
 Rural People First Community Development Project
 Santa Witpoort
 Sekhukhune Educare Project
 Seleka HCBC
 Sentahle HCBC
 Seobi Dikgale Wayforward HBC
 Serefeteng HCBC & Drop In Centre
 Serobaneng HCBC
 Seshego Youth Development and Empowerment Organisation (SYDEMPOR)
 Shihosana Home Based Care
 Shinning Path Home Based Care
 Shivulani Home Based Care
 Simunye HCBC
 South African Girl Child Alliance Limpopo
 Sunshine HBC
 Swaranang HCBC
 Swaranang Home Community Based Care
 Swemm Home Based Care
 Takalani Home Community Based Care
 Thabang Children's Project (Children's Place of Safety)
 Thabang Community Home Based Care
 Thabang HCBC
 Thabang Home Based Care
 Thabo Drop In Centre
 Thabong OVC & Drop In Centre
 The Good Samaritan
 Thukakgaladi Integrated Development Project
 Thusalushaka HCBC
 Thushanang Trust
 Tiangmaatla HCBC

Tlangelani Community Project Development Agency
 Treatment Action Campaign (TAC)
 Tshedza Makhuvu home based care
 Tshubje Drop in Centre
 Tshuxekani Home Based Care
 Tsogang Drop In Centre
 Tsosanang Community Development Organisation
 Tsoshanang HCBC
 Tswelopele Drop in Centre
 Tswelopele HCBC & Drop In Centre (Unit R Clinic)
 Tumelong Drop in Center
 Twisisani Gidja Mhandzeni Organisation
 Tzaneen Family Support Centre
 Unsung Heros
 Vhushavhelo AIDS Project Support
 Vondwe Home Based Care
 Vongani Child & Youth Care Development Project
 Vuyeriwani Development Organisation
 Waterberg Welfare Society
 Waterberg Welfare Society
 Wisani CBO
 Xikukwani Development Organ.

Thanks to our Local Sponsors

Food Garden Foundation
 Lowveld Labels
 Coach House Nut Factory
 Mvula Trust
 Tihavhama
 FAMSA
 Scouts
 Agora Internet
 ProGroup of Pharmacies
 Speedling Nursery (Pty) Ltd
 Martin Dale Seedlings
 Kaross Workers
 Carrol Boyes
 Coca-Cola SABCO (SA) (Pty) Ltd.
 Westfalia Estates (Pty) Ltd
 Woolworths (Pty) Ltd.
 Valprè
 Falcon Wood Ridge Juices
 Auntie May Trust
 Soul City Institute
 Women Inspiring Nations
 Mapu Trading
 iNkwazi Partnership

HIV & AIDS in SA & Limpopo. Setting the scene What the Statistics and Surveys tell us! Dr. M. W. Shilumane, Department of Health and Social Development

Data and Indicators

- Routinely collected data from service level are transformed into information that should lead to carefully crafted plans which should in turn be religiously implemented; most of these are processed into indicators (indicating to all those in management of what is happening in their settings).
- Indicators of different types and importance

Socio-economic indicators

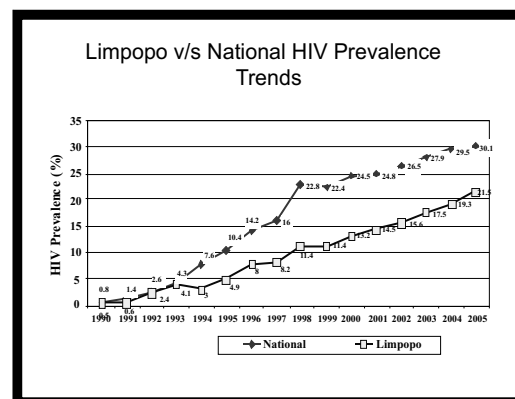
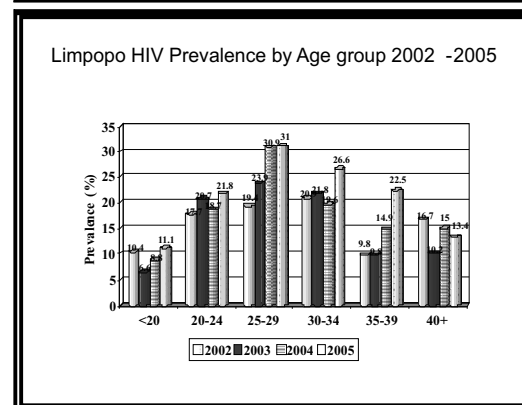
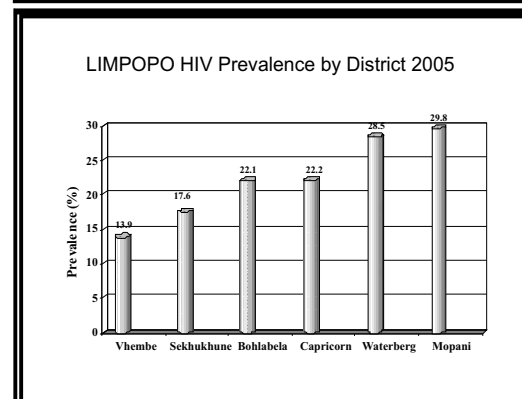
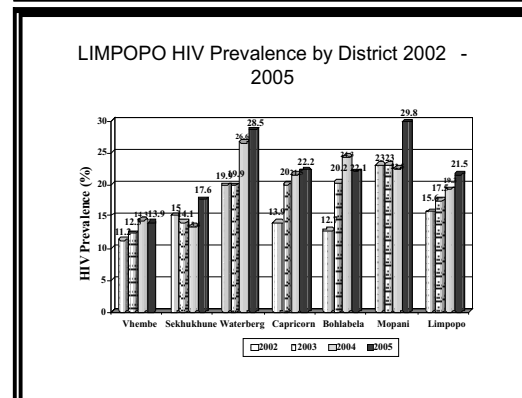
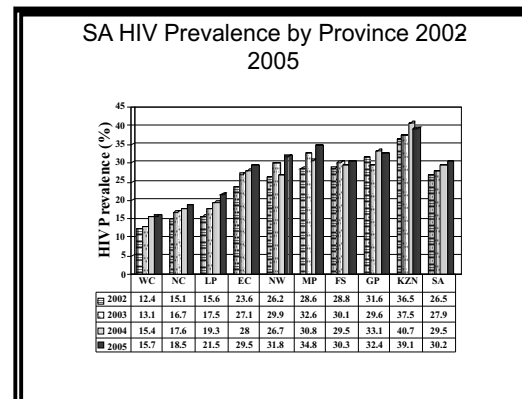
- Household access to water - Measure of number of households accessing piped water in a district.
- Deprivation indices - Measure of level of material and social deprivation of communities

Output Indicators

- Male Condom Distribution - The number of condoms distributed by the public service facilities to males of 15 years and older in a year
- % of people on ARV's practicing unprotected sex: 6%

Output Indicators (PMTCT Indicators)

- Proportion of antenatal clients tested for HIV (42,5% RSA)
- Prevalence of HIV amongst antenatal clients tested (30,2% RSA)
- NVP uptake amongst pregnant HIV +ve women (51,7%). Lots of missed chances
- NVP uptake amongst babies born to women with HIV (unknown as some report >100%)



Category 5 Income Generation and Community Development Initiator

Petrus Monhla Mogamedi
Civil Society Development Initiatives,
Burgersfort

"We are not here to benefit ourselves,
we are only here to help the others.
I believe this is a calling from God."



Criselda Kananda was the guest speaker for the Awards Evening



LIFE OF A CHAMPION - PHILOSOPHY OF A CHAMPION'S LIFE:

- Be thankful
- Count my blessings
- Positive thinking
- Faith

5 PILLARS OF CHAMPIONS:

- Health
- Honesty
- Excellence/Quality
- Knowledge
- Value

1. HEALTH: Physical, Mental, Spiritual and Emotional

- Treat minor ailments
- Eat healthy food/minerals and enzymes
- Prayer
- Clean colon
- Healthy lifestyle
- Exercise and drink water
- Relax

2. KNOWLEDGE:

- Use of knowledge as power
- Always seek to learn
- Improve your skills
- Listen
- Opportunist

3. EXCELLENCE:

- Confidence
- Attitude
- Self esteem
- Self worth

4. VALUABLE:

- Feel important
- Interesting
- Reputation
- Make a difference
- Money

5. HONEST CHARACTER:

- Feelings
- Respectable
- Responsible
- Integrity

SEVEN KEYS OF OPTIMUM HEALTH

- Eating to live
- Supplement your diet
- Practice advanced hygiene
- Body therapy
- Reduce toxins
- Avoid deadly emotions
- Live a life of purpose

We all have what it takes

to be Champions.

Change AIDS.

Category 1 Community Home Based Caregiver

Yvonne Basani Mathebula
Phakgamang Re Tisane, Ba- Phalaborwa

"When I see a person arise and get up and be able to care for their kids or be able to achieve whatever they had in mind, that is the biggest achievement of my life."



Category 2 Caregiver for children affected by HIV & AIDS

Melita Violet Machaka
Reakgona Drop In Centre, Sovenga

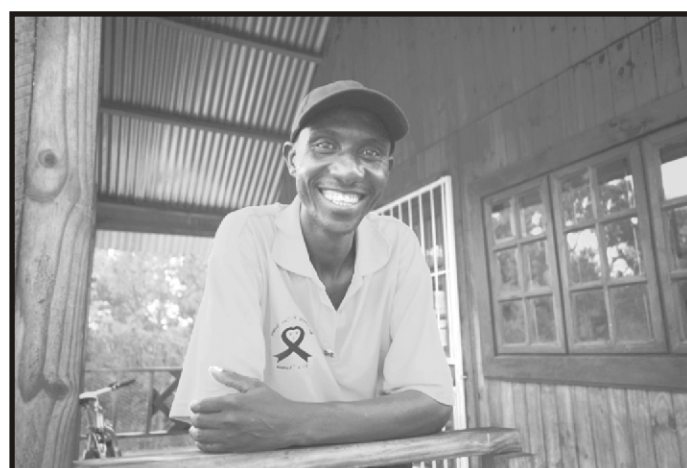
"I pray everyday for love, strength and wisdom so that if I go to heaven I can have them next to me."



Category 3 Educator in the community

William Matjale Machaka
Dwarsriver Parish AIDS Response,
Dwarsriver

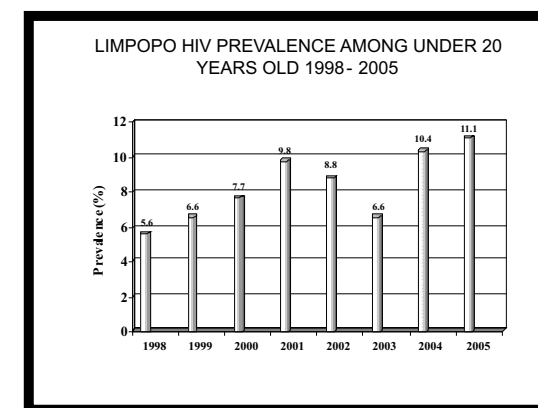
"Do not be a coward or be afraid.
If you want something, just go for it."



Category 4 An inspiring person living with HIV or AIDS

July Malea Letsebe
Waterberg Welfare Society, Vaalwater

"Accept yourself and then be positive in whatever you do. Plan ahead, plan for the future and if possible disclose then you will feel free."



Outcomes Indicators

- Incidence of STI treated -new - % of people at age of 15 and older who were treated for new episode of STI (4,8% RSA, LP 10,45% in Vhembe)
- TB Cure Rate - Proportion of TB cases that are cured after 6 months of treatment (smear +ve become smear -ve in 6 months following treatment)
- Smear Conversion Rate - % of new smear +ve TB cases that become smear negative in two months following TB therapy; no longer pass the bug to others! (50,3% RSA)

Overview of the Provincial Integrated AIDS Plan

Ms Colleen Jackson, Department of Health & Social Development

Background

- ✓ The DOH & DoSD provides support to NPOs to carry out HIV & AIDS, STI & TB services
- ✓ Increase reach of gov't to community
- ✓ Large and growing number of non-profit, organisations (NPOs) operate in Limpopo. (funded: 327)
- ✓ NPOs are also directly engaged in service delivery, mobilisation, advocacy, planning, & lobbying
- ✓ The extensive role played by NPOs in society makes it essential that the sector adopts transparent, open and accountable processes and systems, to ensure an appropriate response to the communities they serve.

Developments in past two years

- ✓ Community based services
- ✓ Part of DHS & PHC
- ✓ CHW Programme
- ✓ EPWP

Areas of Operation

- ✓ HCBC
- ✓ VCT
- ✓ HTA
- ✓ YOUTH
- ✓ PLHA
- ✓ Mentorship of CBO's
- ✓ Awareness, community mobilisation
- ✓ PHC
 - ✓ Health promotion
 - ✓ Victim empowerment
 - ✓ Nutrition
 - ✓ IMCI
 - ✓ Mental health
 - ✓ Rehabilitation

Legal Mandate

- ✓ National Health Act 61 of 2003
- ✓ NPO Act 71 of 1997
- ✓ Public Management Finance Act 1 Of 1999
- ✓ Treasury Regulations section 16 (Exemptions)
- ✓ White paper on Transformation of Health Services
- ✓ Comprehensive PHC Package
- ✓ Strategic HIV & AIDS Plan

Principles and Objectives of the PHC

- ✓ Provide accessible, quality and affordable services to community
- ✓ Promote equity
- ✓ Enhance partnership, ownership and participation
- ✓ Deliver comprehensive service that promote integration
- ✓ Provide responsive services

Basic Funding Requirements

- ✓ Provide services within Primary Health Care package
- ✓ Registered as a Non Profit Organisation under the NPO Act 71 of 1997 or Trust. (Section 21 Company in respect of EU - PDPHC)
- ✓ Link to the Health and Social Development facility within area of operation
- ✓ Activities provided should be in line with the strategy and priorities of the department and municipality
- ✓ PHC package including HCBC
- ✓ Audited financial statement required (if funded previously)
- ✓ Attend all training programmes provided by the department
- ✓ Sign a grant contract (Service Level

- Agreement).
- ✓ Only organisations that have been in operation for a minimum of one year will be considered for funding.
- ✓ Recommendation from local structure: Municipality, clinic committee
- ✓ Constitution
- ✓ Functional board
- ✓ Financial accountability systems

Funding process

- ✓ Call for proposal advertised.
- ✓ Briefing of NPO's about the funding requirements will be done before the close of the proposals.
- ✓ Administrative compliance determined
- ✓ Assessment by Adjudication Committee.
- ✓ Only organisations that passed the Technical Evaluation will be considered for Financial Evaluation.
- ✓ Approval by the Head of the Department
- ✓ Funds will be disbursed to NPO's in trenches, depending on the performance of the NPO and submissions of reports.

Current funding situation:

- ✓ 3 year cycle based on performance
- ✓ Mapping coverage
- ✓ Disease profile
- ✓ New cycle: advert
- ✓ Address gaps in service
- ✓ No duplication!

Monitoring and Evaluation

- ✓ The NPO must provide the department with a monthly activity and financial report by the 7th day of the month following the end of the previous month
- ✓ All the reports must be compiled using the prescribed format
- ✓ A quarterly report must be submitted by the 7th day of the month following end of the quarter
- ✓ An annual report must be submitted at least 30 days after the end of the financial year
- ✓ Audited annual financial statement must be submitted within three months after the end of the financial year.

Breach of Agreement

- ✓ Scrutinise the financial statements and the mode of operation of the NPO.
- ✓ Re-claim funding that, if not been used appropriately. Further funding for the current year may be stopped.
- ✓ Inappropriate circumstances include:
 - Misconduct as regards the rendering of services to clients.
 - Mismanagement of funds
- ✓ Non adherence to the business plan in terms of the proposed and agreed activities.

- ✓ Failure to submit monthly reports and financial statements as set out in reporting requirements
- ✓ Organisations will be given two written reminders to submit reports. If no response is given within two months, funds will be re-claimed or stopped

Actions by organisations to make a positive contribution

- ✓ Comprehensive service
- ✓ Core business! Don't jump on every bus!
- ✓ Accountability
- ✓ Adherence to procurement policies
- ✓ Participation in District NPO forums
- ✓ Avoid duplication of services
- ✓ Services based on requirements of gov't
- ✓ Link to gov't health facility
- ✓ Referrals

Way forward

- ✓ Strengthen partnerships
- ✓ Empower, mentor & support NPO's
- ✓ Provide quality services to our communities
- ✓ Support one another work as a team
- ✓ Thank you for excellent work done. Appreciate on another
- ✓ We value your services
- ✓ We need each other-Lets do it together for our people!



To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally	Comments
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB			XXX	XX	It is improving
Improving coordination and cooperation with increased net-working			X		
Provincial auditing and mapping of services being rendered in Limpopo		XX	XX	X	Some of the areas are not yet covered
Sharing best practice, making the links, setting standards and minimum criteria for service delivery			XX	XXX	
Identifying gaps and creative developmental responses that require future support and finance			XX	XXX	Financing is still a major problem
Promoting district coordination and multi sector HIV & AIDS strategies at local level			XX	XXX	

Unsung Heroes Awards Evening

Every one working in the HIV & AIDS field is and Unsung Hero. Masibambisane recognised 5 outstanding members of the community.

Five special awards were given to 5 community members who demonstrated a remarkable ability to work beyond the call of duty, who have left an indelible mark and have made a worthy contribution in their community through their efforts and work in implementing an innovative programme.

The following five categories of Unsung Heroes were recognised in the Masibambisane 2007 Summit:

1. Community home based caregiver.
2. Caregiver for children affected by HIV/AIDS.
3. Educator in the community.
4. An inspiring person living with HIV or AIDS: demonstrated the ability to mobilise greater awareness and support for people living with HIV in their community.
5. Income generation: equipped people living with HIV to become increasingly economically independent, harnessed and promoted local economic development through creative and effective poverty alleviation initiatives in their community.

Who is an UNSUNG HERO?

This person is special in many different ways. He or she is:

- ✘ A humble person who does their work without asking for recognition
- ✘ A person who works under difficult circumstances to deliver services to those infected and affected by HIV/AIDS
- ✘ A person who works for little or no remuneration
- ✘ A person who is recognised as a dependable member of the community by other members of that community

Now that there is a Limpopo Province HIV & AIDS Database, organisations will be contacted well in advance to nominate that special member of the community for the next Unsung Hero Award.



Button given to all delegates at the Awards Ceremony

Using the tool: The poster with different colours indicating HIV stages and on the left the different water needs. The discussion helps participants to understand their patient's needs, brainstorm and prioritise changes that will help patients with water and sanitation problems. In particular the national minimum standard of 25 litres per person per day at a maximum of 200m from the home means that most patients will rely on carers for their water supply. Water contamination in the home is common, and easily prevented. Many people don't have adequate toilets or hand washing facilities and small changes can improve the health of the family.

Other issues discussed

The exercises led to a lot of discussion in the group on facilitation methods and further participatory tools to help groups to discuss other difficult issues.

1. Using the Three Pile Sorting Exercise to help the group discuss good and bad hygiene behaviour
2. Using the income and expenditure tree exercise to help the group discuss livelihoods risks

3. Discussing how a facilitator can address unacceptable behaviour by participants who compromise, prioritise, ignore, normalise, steal time during group work.
4. Using the Family Dynamics Exercise to discuss vulnerable households

What practical skills and solutions can delegates take from this workshop and use after Masibambisane?

- The importance of engaging communities
- Nice way of using graphic pictures to stimulate discussion
- Health and hygiene behaviours will also help them in dissemination of information in their area
- Hygiene is a day to day practice because everyone needs clean healthy conditions
- Pictures that show bad behaviour and good ones. Some pictures fall in between

What challenges arose from this workshop?

- Workshops should be indoors or in a quiet protected area to avoid distractions
- Natural challenges like wind blowing the flipchart pages and the flipchart stand
- Noise from cars on the nearby road

Delegate Evaluation and Feedback

What practical skills and solutions can you take away from this workshop and use in your work?

- Facilitation skills
- Presentation skills
- Debating
- The use of pictures as a tool to get people participating
- Consultative decision making
- Managing differences
- Changing behaviour
- Information on health and hygiene will assist us in helping and or caring for our sick clients and helping those who are not yet sick to take care of themselves
- To differentiate between good hygiene and bad hygiene

What will you do differently in your work as a result of sitting in the skills workshop?

- Sharing ideas and my experience with other care givers
- Engage people to work together by way of using concrete material of practical examples
- Maximum participation
- Receiving and giving criticism
- Present sessions on health and hygiene to support group members and use participatory tools to help dig other problems and solve them
- I will always be positive in all ill people and vulnerable people

Would you like to make any further comments on this skills workshop?

- For facilitating skills this method is very good and understandable
- The workshop was a success. The facilitator was clear in her presentation in such a way that members of the group participated actively. They argued, debated and reached consensus
- Generally the summit was an information sharing and also clarified a number of activities and programs by NGOs, CBOs and government departments
- This workshop has helped me a lot because I know I and from today and will take all to deliver to all people in our country
- The short workshops should be indoors. It was very hot under tent with lots of distractions like wind blowing, cars
- The purpose of the workshop was not clear perhaps should have mentioned sanitation, health and hygiene



Anti-retroviral Treatment Programme

Mrs. Eva Kobola (co-facilitated by Dr Shilumane),

Department of Health & Social Development (Number of delegates: 41)

Managing ART within the continuum of care and HIV & AIDS care services

The continuum of care

- ✓ Primary health care
- ✓ Community health care and structure
- ✓ Chronic care
- ✓ Other services

Services are not vertical but integrated within the health system with the aim to improve the health care system as a whole.

HIV & AIDS services: Standard care services for HIV & AIDS related to the patient's status:

	Prevention of mother to child transmission	Opportunistic infections and related illnesses diagnosis, treatment, preventative therapies	Palliative care		
			Home based care		
			Anti-retroviral therapy		
	Post exposure prophylaxis				
	Psycho-social and spiritual support				
	Individual and family	Care providers	Bereavement	Orphans	
VCT					
Prevention					
STI services, behavior change communication, education, universal precautions..					
Uninfected people	Exposed people	People living with HIV	People living with AIDS	Terminally ill and beyond	

Steps in managing the CCMTS (Comprehensive Care Management Treatment Support) program

- 1: Establishment of PMU and support staff
- 2: Accreditation
- 3: Augment personnel at ART service points
- 4: Procure medicines
- 5: Ensure effective NHLS
- 6: Monitoring and Evaluation
 - ✓ Develop data collection tools
 - ✓ Collect data, analyse -submit
 - ✓ Ensure implementation of PAAB
 - ✓ Site visit
 - ✓ Site meetings
7. Reporting to DOH national bi-monthly rotational meetings
8. Community mobilisation
 - ✓ ARV information booklets
 - ✓ Guidelines
 - ✓ Radio slot
 - ✓ Stake-holder briefing
 - ✓ Awareness raising events
- 9: ART budget management 49 million plus

- 10: Provision of Nutritional Supplements
- 11: Refurbish ART service points
- 12: Reporting to national meeting bi-monthly
- 13: Training personnel and report to SETA
 - ✓ ART Module, ART Adherence
 - ✓ VCT
 - ✓ PMTCT
 - ✓ STI, HCBC, HTA, PEP
 - ✓ TB
 - ✓ TB/HIV & AIDS
 - ✓ Others: computer, PAAB, ART M&E, Project Mx, Financial Mx
- 14: Ensure that there is pharmacological vigilance

Accreditation

Phase 1 2004/5 Tertiary and Regional Hospitals
Phase 2 2005/6 District Hospitals and CHC
Phase 3 & Phase 4 2006/7 All Health Facilities

Process

- Criteria are followed:
 - Access geographical
 - Areas of high prevalence
 - Facilities referring more clients
 - Facilities with capacity
 - Facility demonstrating commitment
 - Space availability
- Accreditation meetings/workshops
- Facility assessment:district, provincial and-national

Procuring Medicine

- Projections are made at facility level
- Budget is determined based on projections for medicines, client ART uptake and patients on waiting list
- Specialised pharmaceutical programme

NHLS

- Use projection to determine test and budget
- Facilities upgraded by NHLS is rolled out

Data tools and data elements

- When we started tools were locally developed
- Data elements were also locally defined
- We have new data tools developed nationally (M&E unit)
- Indicators and data elements defined

Data collection

- Done monthly, national submission date 10th of every month
- Data flow is from facilities to provincial office up to national office

Data collected

See the new data tool from national PAAB

- Ensure network connection (GITO)
- Ensure availability of IT Equipments (GITO)
- Ensure availability of data capturers (HAST)
- Ensure patient information and visits capture (HAST)
- Ensure effective functioning of PAAB (GITO) M& E
- Co-ordinate trainings and workshops
- Ensure involvement and participation of Information Officers

Requirements for an ART service point to function effectively

- Wellness clinic
- Space
- Core staff
- Referral and follow up strategy
- HR & HRD
- Drugs- drug literacy & drug adherence
- Effective NHLS -TAT
- Nutritional supplements
- Communication strategy - social mobilisation
- Data management

Criteria for one to be put on treatment

- Stage 4 according to WHO irrespective of CD4 count test
- CD4 count less than 200
- Psycho-social stability (not depressed, not mentally ill, not having family problems)
- Having a confidant
- Willing and ready
- Assessed by a medical team

Major challenges

- HR
- HRD
- Space at some service points
- Upgrading of facilities
- Equipment in facilities
- Paper based data collection / PAAB not fully operational
- Confidentiality of HIV results
- Data collection and use of DOH National tool

Teachers open the door...
you enter by
yourself.

Participatory Methods

Modjadji Letsoalo, Mvula Trust

Number of delegates: 16

Modjadji Letsoalo has years of experience in community development, water and sanitation, land and HIV & AIDS mainstreaming in water services. She is an expert in using participatory methods to help rural communities to envision, design, manage, build and operate water and sanitation solutions in their communities.

Objectives of the workshop

To demonstrate picture based methods and facilitation skills to help groups to

- Discuss difficult issues around health, hygiene and sanitation and come to consensus
- Stimulate discussion and information sharing, leading to peer learning
- Change their behaviour
- Plan action to improve health and hygiene in their homes and communities

Introduction to participatory methods

Participatory methods help external agents to discuss difficult issues with community members in a way that the group develops a vision, mission, action plan and shares information through peer learning. The participatory hygiene and sanitation transformation tools have been specifically developed to help talk about illnesses prevalent in their communities, how they can be prevented and treated, and how to improve hygiene behaviours related to water and sanitation.

Exercise 1: Understanding the role of the facilitator

Tool: The cups exercise

Objectives: The cup exercise looks at trying to understand other people's point of view, making sure you understand it in detail.

Using the tool: Give the participants pictures of cups: empty, half full, full, quarter full without telling them what to do with the cup. The participants must describe how they see it and how they would use it. People start giving a wide range of ideas. You narrow down the ideas, by asking them specific questions e.g. if they drink tea, is it cold, warm or hot, being specific. The exercise gives the group an open mind, and prepares the group for brain storming and hearing a variety of new ideas. When you do community analysis it is broad. You have to give them an open mind and narrow down community ideas afterwards.

Exercise 2: Vision building by developing a story out of pictures

Tool: Story with a gap

Objective: As service providers we go into communities with a bit of knowledge as we have researched the community. Then we get information from the communities. How do we bridge the gap so that the intervention meets the need of the community and the project?

Using the tool: Show the group existing pictures of bad and good practices, for example a clean water tap and a dirty water point. The group chooses a picture from the set that shows a problem in their community, and a picture that shows the problem solved, or they draw their own pictures. The discussion focuses on how they as a group can make changes to move from one to the other. The discussion helps to build a common vision and agreed action plan for the group.

Exercise 3: Understanding illnesses in the community

Tool: Nurse T.

Objective: to understand who gets what illnesses and how they are treated.

Using the tool: The group chooses pictures of typical people in their community. They decide who is ill with what disease, who they consult and how they react to their illness. Each character visits Nurse T at the clinic. The group discusses how the person got infected, how they can change their behaviour to prevent future infections, family dynamics and how they can deal with the illness. The discussion allows the group to discuss health issues that normally would not be discussed in a group, allowing them to learn from each other and the facilitator during the discussions. Unhygienic and unhealthy behaviour is exposed and alternatives are discussed.

Exercise 4: Understand how water and sanitation needs relate to chronic illness

Tool: The HIV, water and sanitation continuum

Objective: Understanding how a person's need for water and sanitation changes depending on their health.

- Pests:
 - Control pests without poison: make sure that your soil and plants are healthy by using the Food Gardens Foundation method.
 - Make the following remedies for your vegetable garden
 - chili spray
 - garlic spray
 - Rotate the crops - plant a different type of food each time you re-plant
 - Take insects off the plants. Keep spiders, ladybirds, praying mantis and earthworms as they protect the garden.
 - Shortages of water:
 - Make sure you have a good layer of mulch
 - Catch rainwater form gutters using tanks
 - Use dirty water from kitchen or bath

- Protection of the vegetable garden
 - Use orange, cabbage and onion bags to make a net to protect the vegetable garden from the hot sun and chickens.
 - Use a fence to protect the garden from livestock
 - Use mulch to protect the earth from drying out
- Would you like to make any further comments on the workshop?**

Encourage CBOs to start their own vegetable gardens and for their clients, especially those who are doing home based care. Food gardeners need monitoring and support. Contact the Food Gardens Foundation as they are so willing to teach, individually and for entrepreneurs.

Delegate Evaluation and Feedback

What practical skills and solutions can you take away from this workshop and use in your work?

- We are going to plant and protect our gardens
- We are going to encourage local shool to start garden
- Establishment of community or home gardening
- Garden project
- Preparing trench for planting. It was difficult for us to have to have proper garden in our organisation due to our soil that was clay. Now I found out you can change clay soil to loamy soil easily and do mulch to save water.

What will you do differently in your work as a result of sitting in the skills workshop?

- We are going to make sure that we plant within the yard of our office
 - Workshop garden labor
 - Expansion of community garden
 - Start our food garden
- I will definitely start greenery project as we were

funded for it by Nutrition department. Our worry of soil and water is resolved. I hope this will do a lot difference as our garden will do wonders for our clients, orphans and community at large.

Would you like to make any further comments on this skills workshop?

- Yes, comments give me enough platform to listen and analyse therefore prepare to participate and contribute
- Punctuality, well motivated and informative presenters
- Presentation and facilitation
- I would really love to have those presentations to remind me all the way until I got used to this formula. I will really work on these ideas and hope this will assist us to sustain our organisation.

Thoughts:
Change your thoughts
and you change the world

To what extent did the conference meet its over-all objectives?	Not at all	A little	Mostly	Totally	Comments
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB		X	X	XX	Because she taught us how to stick to healthy foods and especially vegetables
Improving coordination and cooperation with in-creased networking		X	X	XX	Garden remains an individual job unless we start garden amongst local schools
Provincial auditing and mapping of services being rendered in Limpopo		X	X	XX	She mentions name s for further reference since her organisation doesn't have learner-ship
Sharing best practice, making the links, setting stan-dards and minimum criteria for service delivery			XX	XX	Attendants expressed their experience towards gardens based on different tem-peratures
Identifying gaps and creative developmental re-sponses that require future support and finance				XXXX	New ways discovered to initiate sustainable gardens
Promoting district coordination and multi sector HIV & AIDS strategies at local level			X	XXX	Self ploughed fruit and vegetables may-help PLWA

Facilities for Phase 2 - Round 1 and 2

District	Facility recommended for JUNE/JULY 2005 accreditation	Facility recommended for SEPT 2006 accreditation
Bohlabela	Sekororo ,Tinsoalo	
Capricorn	Lebowakgomo, Helen France, Knobel, Seshego	Zebediela, Botlokwa
Mopani	Kgapane, Nkhensani, Maphutha - Malatjie, Dr C.N Phatudi	Van Velden
Sekhukhune	Dilokong, Jane -Furse, Meclenberg	Mecklenberg
Vhembe	Elim, Malamulele, Donald Fraser	LT, Messina
Waterberg	Warmbath, Ellisras,Thabazimbi, Witpoort , George Masebe	Voortrekker, FH Odendal

Facilities for CCMTSP

District	Facility	Clinic days/wk
Bohlabela	Mapulaneng	4
Capricorn	Mankweng	5
	Polokwane	2
Mopani	Letaba	5
Sekhukhune	St Rita's Regional Hospital	5
Vhembe	Siloam District Hospital	4
	Tshilidzini Regional Hospital	4
Waterberg	Mokopane Regional Hospital	4

Future plans

- Accreditation of CHC hos-pitals
- Motivate for post according to service points/sites needs
- Decentralise certain activi-ties
 - Appointment of staff
 - Budget for Nutri-tional supplements/ equipment

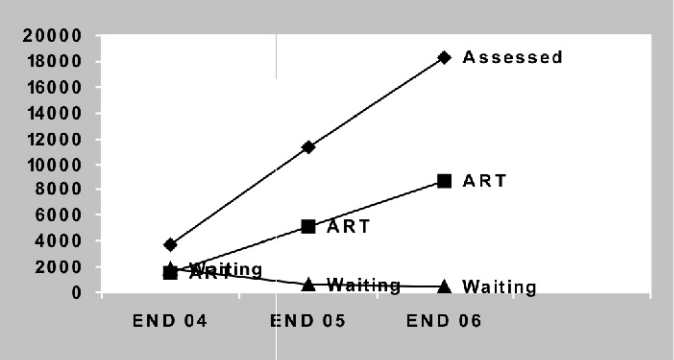
QUALITY OF LIFE IS THE
ULTIMATE AIM IN PROVISION
OF ART WITHIN
CCMTSP

Current challenges

- ✓ Fast enough quality roll out.
- ✓ No point in having hun-dreds of people on ART if they are not well prepared and supported

Do not let
what you cannot do
interfere with
what you can do.

ART Progress



Other themes that came out of the workshop

- ✓ Need for additional ARV training
- ✓ Answers of clarification on clinical issues
- ✓ Acknowledgement of importance of working together

Practical solutions and recommendations for the future

- ✓ The department needs to know issues that are happening in the communities, otherwise they cannot respond appropriately

Delegate Evaluation and Feedback

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB			X	X
Improving coordination and cooperation with increased networking			X	X
Provincial auditing and mapping of services being rendered in Limpopo			XX	
Sharing best practice, making the links, setting standards and minimum criteria for service delivery			XX	X
Identifying gaps and creative developmental responses that require future support and finance			X	
Promoting district coordination and multi sector HIV & AIDS strategies at local level			X	

What were the key messages and recommendations made in this short workshop?

- ✓ According to me the people who are living with HIV & AIDS like me if the CD4 is below 200 they encourage them to take ARV to boost the immune system. If you are taking ARV time is the important thing
- ✓ The indication that Limpopo is doing well with availability of resources for ARV's and accredited sites

What will you do differently in your work as a result of sitting in the short workshop?

- ✓ To tell other people to do VCT
- ✓ Is important to know your status to do what is best for you
- ✓ If you negative, stay negative
- ✓ If you are positive stay positive and eat healthy food
- ✓ Have more people, organisation and departments informed about the programme

Would you like to make any further comments on this short workshop?

- ✓ The information that was given us is useful!
- ✓ We can teach other people about ART and STI
- ✓ To improve the pregnant women to do PMCT
- ✓ Also I think that the summit is going to teach us a lot
- ✓ We thank Masibambisane and CHoiCe
- ✓ The presentation was very good well prepared though short. More info is needed on this topic.

Voluntary Counselling and Testing

Mrs. Colleen Jackson, Department of Health & Social Welfare

Number of delegates: 40

VCT Programme: Limpopo Province: Strategy and Progress

Burden of HIV & AIDS: HIV prevalence:

National	Limpopo
2002:26,5%	2002: 15,6%
2003: 27,9%	2003: 17,5%
2004: 29,5%	2004: 19,3%
2005: 30,2%	2005: 21,5%

VCT situation

- ✓ < 10% know their HIV status
- ✓ < 5% of the population have voluntarily undertaken HIV testing

Overall Goal of VCT

- ✓ Universal access to VCT services (15 – 49 years)

What is VCT?

- ✓ Voluntary Counselling and Testing
- ✓ Process followed when a person wants to find out if they are infected with HIV
- ✓ VCT is confidential
- ✓ Three steps
- ✓ The test cannot tell when, how or who infected the person

How to plant seeds or seedlings in rows

- Prepare the holes by sticking your finger into the soil. The holes should be spaced out by the length of your hand. For cabbage make the gap wider, as cabbage grows so big.

How to label each row

- Use a piece of card or plastic. Write on it. Each card should have the date of planting, the type of seeds and the number of rows planted with that type of seed on that day. This helps you to know when the food will be ready to eat.

How to water the seedlings and seeds

- Make holes in a plastic bag, can or bucket with a needle and use it to water the bed after planting. The holes must be small so that the water doesn't damage the seedlings.
- Water the plants every morning and every evening
- You can use grey water as long as there is not too much soap in it

How to protect the bed

- Sew together orange bags to make a shade cloth. Use sticks to support it. The net should cover the whole bed and come down to the ground, so that chickens can't get in.
- Build a fence around the bed so that livestock can't eat the plants.
- Make sure there is always mulch covering the earth, to protect the earth.

Protect seedlings

- for 3 days by putting half a clear plastic bottle over them. Or build a small house for them from grass.

How to maintain the bed

- Water the bed every morning and evening
- Plant different seeds every month
- After you harvest plant a different kind of plant, so that the soil doesn't get tired.
- Plants need food from the earth, air, daily watering and protection.

Protect the garden from insects.

- Earth worms are good for the bed and dig for you.
- Spiders, ladybirds and praying mantis protect the garden from insects that eat plants. Remove other insects from plants.
- Don't use pesticides as they are costly and poison the plants, earth and people. Make tea out of mashed garlic and water. Pour it or spray it onto the plants and earth. Plant marigolds,

chilies, nasturtiums, onions and garlic chive to deter insects.

- Put a lamp in water in a basin. The insects fly around the light and fall into the water and drown.
- Prevent cut worms by pushing half a toilet roll into the ground around the seedling. Keep the bed mulched so that the cut worms eat the mulch.
- Rotate the crops - plant a different type of plant each time you fill a space in the garden.
- Keep the garden healthy by rotating crops each time you plant. Members of the same family should not follow one another in the same garden space.

Family	Plants
Solanaceae	All peppers including chilies, tomato, cape gooseberry, brinjal
Cucurbitaceae	Pumpkin, cucumber, squashes and marrow, watermelon, sweet melon.
Criciferae	Horse radish, Chinese cabbage, leaf mustard, kale, cauliflower, cabbage, kohlrabi, turnip, water-cress, radish, nasturtium.
Leguminosae	Runner beans, bush beans, peas, broad beans, soya beans, groundnuts and all beans
Chenopodi-aceae	Beetroot, Swiss chard
Ammarant-ceae	Amaranth morog, spinach
Umbelliferae	Celery, carrot, coriander, parsley

What practical skills and solutions can delegates take from this workshop and use after Masibambisane?

To go back to their organisations and make sure that they implement this FGF method and monitor it very closely to make sure that it is sustainable. For example to

1. Do 1m x 2m model bed gardens
2. The importance of mulch and also how to mulch
3. How to water your garden and protect it
4. How to cook vegetables without losing their vitamins and flavour

What challenges arose from this workshop?

- The weather in Limpopo is hot and dry:
 - ☐ Plant vegetables according to the season.
 - ☐ Use orange, cabbage and onion bags to make a net to protect the vegetable garden from the hot sun.

What foods to plant in Limpopo

	Lowveld	Highveld
Summer		
December	Amaranth morog, brinjal, cabbage, radish. Chilies, green pepper and tomato may be planted in the shade.	Amaranth morog, bush and climbing beans, beetroot, cabbage, carrot, mielies, radish, sweet corn.
January	Amaranth morog, brinjal, cabbage, CM kale, chilies, green pepper, radish , tomato	Amaranth morog, bush beans, beetroot, cabbage, carrot, kohlrabi, CM kale, leaf mustard, leek, lettuce, radish, Swiss chard spinach, turnip.
February	Amaranth morog, bush and climbing beans, beetroot, brinjal, cabbage, carrot, chilies, CM kale, cucumber, green pepper, kohlrabi, leaf mustard, lettuce, marrows, New Zealand spinach, onion, pumpkin, radish, Swiss chard spinach, squash, tomato, turnip	Beetroot, cabbage, carrot, kohlrabi, CM kale, leaf mustard, leek, lettuce, onion, parsley, radish, Swiss chard spinach, turnip.
Autumn		
March	Amaranth morog, bush and climbing beans, beetroot, brinjal, cabbage. Chinese cabbage, carrot, chilies, cucumber, green pepper, kohlrabi, CM kale, leek, leaf mustard, lettuce, Lucerne, marrows, new Zealand spinach, onion, parsley, pumpkin, radish, soup celery, Swiss chard, squash, peas, tomato, turnip.	Broad beans, beetroot, cabbage, Chinese cabbage, carrot, kohlrabi, CM kale, leaf mustard, leek, lettuce, Lucerne, onion, parsley, radish, Swiss chard spinach, turnip.
April	Amaranth morog, broad beans, bush and climbing beans, beetroot, brinjal, cabbage, carrot, chilies, cucumber, green pepper, kohlrabi, leek, leaf mustard, lettuce, Lucerne, marrows, new Zealand spinach, onion, parsley, peas, pumpkin, radish, Swiss chard spinach, squash, tomato, turnip.	Broad beans, cabbage, Chinese cabbage, carrot, leaf mustard, lettuce, Lucerne, parsley, radish, peas, turnip.
May	Amaranth morog, broad beans, bush and climbing beans, beetroot, brinjal, cabbage, Chinese cabbage, carrot, chilies, cucumber, green pepper, kohlrabi, leaf mustard, lettuce, Lucerne, marrows, new Zealand spinach, onion, parsley, peas, pumpkin, radish, Swiss chard spinach, squash, tomato, turnip.	Broad beans, cabbage, Chinese cabbage, Lucerne, peas.
Winter		
June	Amaranth morog, bush and climbing beans, beetroot, brinjal, cabbage, Chinese cabbage, carrot, chilies, cucumber, green pepper, leaf mustard, lettuce, Lucerne, marrows, new Zealand spinach, parsley, peas, pumpkin, radish, Swiss chard spinach, squash, tomato, turnip.	Cabbage, Chinese cabbage, peas.
July	Amaranth morog, bush and climbing beans, beetroot, brinjal, cabbage, carrot, chilies, cucumber, green pepper, leaf mustard, lettuce, Lucerne, marrows, new Zealand spinach, parsley, pumpkin, radish, Swiss chard spinach, squash, tomato, sweet corn, mielies.	Cabbage, peas. Chilies and green peppers may be planted in very protected areas.
August	Amaranth morog, bush and climbing beans, brinjal, cabbage, carrot, chilies, cucumber, green pepper, leaf mustard, Lucerne, marrows, new Zealand spinach, parsley, pumpkin, radish, Swiss chard spinach, squash, kohlrabi, sweet corn, mielies.	Bush beans, beetroot, brinjal, cabbage, carrot, chilies, green pepper, leaf mustard, leek, lettuce, Lucerne, peas, Swiss chard spinach, tomato.
Spring		
September	Amaranth morog, bush beans, brinjal, cabbage, carrot, chilies, cucumber, green pepper, leaf mustard, Lucerne, new Zealand spinach, parsley, radish, kohlrabi, sweet corn, mielies.	Amaranth morog, bush and climbing beans, beetroot, brinjal, cabbage, carrot, chilies, cucumber, green pepper, marrows, leaf mustard, leek, lettuce, Lucerne, mielies, parsley, pumpkin, peas, radish, squash, Swiss chard spinach, soup celery, sweet corn, tomato, turnip.
October	Amaranth morog, chilies, green pepper, mielies, New Zealand spinach, radish, leaf mustard, sweet corn.	Amaranth morog, bush and climbing beans, beetroot, brinjal, cabbage, carrot, chilies, cucumber, green pepper, marrows, leaf mustard, leek, lettuce, Lucerne, mielies, New Zealand spinach, parsley, pumpkin, peas, radish, squash, Swiss chard spinach, soup celery, sweet corn, tomato.
November	Amaranth morog, mielies, New Zealand spinach, radish, sweet corn.	Amaranth morog, bush and climbing beans, beetroot, cabbage, carrot, leaf mustard, lettuce, mielies, New Zealand spinach, radish, soup celery, sweet corn, tomato.

I’m negative.... What does that mean?

- ☐ I’m negative....what does that mean?
- ☐ At this present moment I am negative, but I may be in the window period
- ☐ Practice safer sex e.g. use condoms, non invasive sex
- ☐ Repeat the test after 6 weeks
- ☐ Continue to practice safer sex

I’m positive.... What’s next?

- ☐ Practice safer sex
- ☐ Live positively: Good mental, physical & spiritual life:
 - ☐ Balanced nutrition
 - ☐ Cut down on alcohol & smoking
 - ☐ Rest
 - ☐ Exercise
 - ☐ Disclose to family, friend, loved one
 - ☐ Support group
 - ☐ Have regular check ups
 - ☐ Treat any new diseases or problems

Why VCT?

- ☐ VCT may contribute to decreasing stigma as more people know their status
- ☐ Estimated that for every 10 people accessing VCT 1 HIV infection is prevented
- ☐ VCT has been shown to be effective in HIV prevention decreasing:
 - ☐ Risk behaviors
 - ☐ Less incidence of STIs
 - ☐ Less incidence of HIV
- ☐ **Entry point to care, treatment and support**
 - ☐ **Prevention:** PMTCT,TB, STI, Reproductive health & the “worried well”
 - ☐ **Treatment:** Anti-retrovirals for treatment of clients with a CD4 below 200 as well as for PMTCT & rape survivors.
 - ☐ Management of opportunistic infections
 - ☐ **Care:** Management, care and support, HCBC, Support groups & referral for social support

Key objectives

- ☐ To increase access & uptake of the counselling and testing services.
- ☐ To ensure the availability and accessibility of quality counselling and testing services
- ☐ To maintain 100% counselling and testing service points at govt facilities
- ☐ To ensure quality of counselling and testing services
 - ☐ Counselling
 - ☐ Testing
 - ☐ Mentorship
- ☐ To improve effective monitoring and evaluation

- ☐ To increase couples counselling & testing

Specific objectives

- ☐ To market VCT services to reach (15-49) target population
- ☐ To develop a communication strategy relevant to target group
- ☐ To support the establishment of Stand Alone (Free Standing) VCT Service points
- ☐ To support the establishment of VCT Service points in the Private and NGO sectors

THE APPROACH

Access:

- ✓ Universal all public health clinics and hospitals.
- ✓ Partnership with private sector
- ✓ Partnership with NGOs.
- ✓ Focus areas of the targeted groups
 - Clinics: ANC & family planning
 - TB services
 - STI clinics
 - Commercial sex workers
- ✓ Men:
 - Linkages with Department of Transport’s existing projects on the trucking community
 - Mineworkers
- ✓ Youth
 - Youth friendly clinics & centers
- ✓ Rural Communities
 - NPOs/CBOs
 - Traditional leaders
 - Traditional healers
 - Faith healers
 - Church organisations

Components of the package

- ☐ District TB/HIV collaboration and community involvement
- ☐ Active screening for TB among HIV+
- ☐ Counselling STI clients

Principles of the counselling and testing programme

- ☐ Services must be responsive to client and community needs
- ☐ Counselling and testing services must be appropriate and sensitive to clients’ culture, language, gender, sexual orientation and age
- ☐ Protocols and guidelines to be adhered to ensure quality of service provision

Basic requirements for ethical and beneficial services

- ❑ Counselling and testing services to be provided within the SA legal and human rights framework to prevent stigma and discrimination
- ❑ Quality Assurance norms and standards to be maintained

Models of counselling and testing

- ❑ Diagnostic counselling and testing
- ❑ Routine offer of counselling and testing
- ❑ Voluntary counselling and testing
- ❑ Mandatory counselling and testing
- ❑ Counselling and testing for children

Types of counselling and testing service delivery points and specific targets

- ❑ NGO service points: Non governmental organisations already involved in HIV & AIDS activities
- ❑ Private sector service points: Companies and institutions whose co-function is not health (wellness clinics)
- ❑ Mobile/ outreach services: Mobile clinics to reach rural communities

Why rapid tests?

- ❑ Rapid tests available on government tender, evaluated by NIV (>99% specific and sensitive)
- ❑ Clients and health staff prefer rapid HIV testing
- ❑ Increases the number of people coming for testing and the proportion of clients receiving their results
- ❑ Less expensive

Progress: April December 2006

Indicators	
Clients received pre-test counsellors	165, 634
Clients tested for HIV	118, 884 (72%)

Current situation

- ❑ Medical sites: 503
- ❑ Non medical sites:11
- ❑ Lay counsellors: 671

Progress: training

- ❑ Trained: 2173
- ❑ Trainers: 111
- ❑ TOT: 18
- ❑ Mentors:144
- ❑ Mentor trainers: 13
- ❑ Couple counselling: 781
- ❑ Adherence: 160
- ❑ Managers:184

Marketing

- ❑ Promotional material printed & procured
- ❑ Youth bashes held in all districts re VCT
- ❑ Health talks held daily at clinics & hospitals
- ❑ Soft ball/sport events where VCT is marketed
- ❑ Awareness sessions on farms
- ❑ Media involvement in programme e.g. radio talks, articles in newspapers
- ❑ Educational sessions provided at schools.
- ❑ Imbizo’s held focusing on VCT & PMTCT.
- ❑ Shopping centers, prisons, taxi ranks, pay points targeted.
- ❑ Involvement of people living with HIV & AIDS to market positive living.
- ❑ Best practices documented and shared

Challenges

- ❑ Lack of appropriate counselling space at health facilities
- ❑ Attrition of trained VCT nurses. Staff turn over impacts on VCT service delivery and training
- ❑ Heavy workload of PHC nurses
- ❑ Not all facilities have lay counsellors
- ❑ Stigma

Achievements

- ❑ Lay counsellor programme functioning well
- ❑ Mentorship programme functioning in all districts.
- ❑ Decentralised training programme progressing.

Counselling package in HCBC

- ❑ HIV & AIDS awareness, marketing & education of VCT.
- ❑ Support: individual, family & group
- ❑ Counselling: Pre with referral & accompaniment (if requested) to VCT sites
- ❑ Ongoing counselling & referral
- ❑ Support groups
- ❑ Caregivers & lay counsellors are able to provide these services

Conclusion

- ❑ VCT is both a prevention strategy and the entry point to care and support.
- ❑ Concerted efforts need to be made by all to increase the uptake of VCT so as to ensure that people who need to access ARV’s are able to
- ❑ How can we ask people to test if we as advocates don’t know our status?
- ❑ Personal use is the best marketing tool
- ❑ Let us set an example to our communities
- ❑ I know my status, do you?

Food Gardens
Jwalane Malaba—Food Gardens Foundation
Number of delegates: 20-25

Objectives of the workshop

1. Participants should be able to plant their own vegetable gardens taking all circumstances in to account.
 - different soils
 - lack of water
 - lack of space
 - pests
2. They should also be able to teach others.
3. Encourage people to join the Food Gardens Foundation for training, support and information.
4. To empower people by teaching them sustainable food gardening to overcome malnutrition and hunger.
 - To prepare the bed for planting
 - To plant seedlings and seeds
 - How to maintain a healthy garden
5. To teach people to grow food for their families an their communities easily and quickly
 - At very little cost
 - In very little space
 - With very little water
6. How to cook vegetables

Introduction to the Food Gardens Foundation

- The Food Gardens Foundation aims to empower people to overcome malnutrition, famine and hunger.
- People learn to improve their family’s nutrition using a little space with little water
- Members learn about
 - i. Sustainable organic food production
 - ii. Organic methods of restoring fertility and vitality to the soil
 - iii. Organic pest control and management
 - iv. Important gardening principles and methods
 - v. Achieving household food security
 - vi. Preventative nutrition and healthcare
 - vii. Environmental issues and recycling
 - viii. Income generation and entrepreneurship

The benefits of growing and eating your own vegetables using this method

- The method is easy
- It is sustainable as the garden produces healthy food for 5 years before re-digging
- Low cost method of growing vegetables
- Low maintenance garden

- Uses little water
- Grow vegetables in a small area
- Improve household food security to improve nutrition and health
- Can sell the vegetables or compost
- Can use the same method for small scale farming

How to dig a trench

- Dig a trench 1m wide and 2m long. This is one spade wide and 2 spades long. The garden is this size so that you don’t have to step on it while working.
- The trench should be 50cm deep: when you stand in the trench the sides should come up to your knee.
- Dig 4 beds for a family. Leave a path between the beds, so that you don’t have to step on the bed.
- For bigger gardens make the beds 1m (1 spade) wide and as long as you like.

How to prepare the garden

- Fill the trench half full with the following: kitchen waste, garden waste, manure from livestock and chickens, leaves, skins, cloth, paper, bones, peelings, food scraps, newspaper and a few strong tin cans (not from drinks).
- Water the rubbish
- Put the soil on top so that the top of the bed is 15cm higher than the surroundings. Rake and crumble the soil on top of the bed so that it is fine and level.
- Use a stick in each corner to mark the edges of the bed.
- You are burying poverty, hunger and malnutrition in the garden.
- Do not stand on the bed.

How to prepare the garden for planting

- Make a bund (small wall of earth) around the edge of the bed
- Make the bed flat in the middle
- Water the earth
- Lay mulch over the bed in rows. The rows should be one hand span apart. You will plant the seeds in the rows. Use bark, cardboard with holes in it, newspaper with holes in it, dry leaves, dry grass, compost or stones. Use whatever material is available in a thick layer the width of your hand.

Delegate Evaluation and Feedback

What practical skills and solutions can you take away from this workshop and use in your work?

- Co-ordination with other stakeholders
- Practical part of communication with children and developing good relationships with them and their families
- Promoting VCT for children
- Counselling skills, listening skills
- Participation of group and comments were useful

- How to communicate with children
- What to do and say to children with regards to sex
- Involvement of Grannies

Would you like to make any further comments on this skills workshop?

- Excellent and transforming
- Information was clear and straight forward
- Most of the comments were useful as came from those involved in children’s work
- Need handouts

What will you do differently in your work as a result of sitting in the skills workshop?

- Implement new skills
- Educate parents and guardians about importance of VCT

There is no failure except in no longer trying

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally	Comments
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB	X		XX	XX	
Improving coordination and cooperation with increased networking			XX	XXX	Need to network more often
Provincial auditing and mapping of services being rendered in Limpopo	X		XX	X	
Sharing best practice, making the links, setting standards and minimum criteria for service delivery		X	XX	XX	
Identifying gaps and creative developmental responses that require future support and finance	X	XX	X	X	
Promoting district coordination and multi sector HIV & AIDS strategies at local level			XXX	XX	



Capricorn District Organisations Networking

Commitments made on turning the tide on HIV & AIDS

- ✓ Support of NPO’s by the Department of Health

Other themes that came out of the workshop

- ✓ Breach of confidentiality; lack of confidentiality at clinics
- ✓ Inadequate resources especially transport for organisations to do outreach work
- ✓ Personal challenges with disclosure
- ✓ How to address fear of disclosure

Practical solutions and recommendations for the future

- ✓ Strengthen partnerships between NPO’s and government
- ✓ Render quality services
 - Delegates had concerns about confidentiality at clinics when it comes to VCT and people are afraid to be tested because of that. Colleen asked anyone with those concerns to go through sub district and if nothing happens then they can take it up with her.
 - ☐ I will help the community and I will talk about it at my work place, church, etc.
 - ☐ Teach the community about VCT and why it is important
 - ☐ To encourage them to practice safe sex and abstinence

Delegate Evaluation and Feedback

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally	Comments
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB			XX	XX	
Improving coordination and cooperation with increased networking			XX	XX	
Provincial auditing and mapping of services being rendered in Limpopo			XX	XX	
Sharing best practice, making the links, setting standards and minimum criteria for service delivery			X	XXX	
Identifying gaps and creative developmental responses that require future support and finance			XXX	X	
Promoting district coordination and multi sector HIV & AIDS strategies at local level			XX	XX	

Would you like to make any further comments on this short workshop?

- ☐ The commission was very nice and I gained new knowledge
- ☐ The lack of resources is the big problem in our community
- ☐ They must tell the counsellors to have confidentiality
- ☐ They must tell the HIV & AIDS patients about their rights
- ☐ They must improve the standard of living of the patients

What were the key messages and recommendations made in this short workshop?

- ☐ VCT in marketing strategy
- ☐ Awareness must be done to our community
- ☐ I have learned more about pre-counselling which I didn’t understand. Now I have more knowledge out it
- ☐ VCT is very important to our lives and community
- ☐ You must know your status before informing other community to know their status
- ☐ To do enough on marketing our work on our service
- ☐ Importance of VCT
- ☐ Confidentiality is very important

What will you do differently in your work as a result of sitting in the short workshop?

- ☐ Social problems
- ☐ HCBC
- ☐ Support group
- ☐ Old added
- ☐ I will start gathering even 5 women/men/youth and start talking about counselling and testing
- ☐ Care and support orphans and vulnerable children
- ☐ Youth development
- ☐ Counselling
- ☐ TB patients
- ☐ Families support

Home Community Based Care

Mrs. Dorcas Hatlane, Department of Health & Social Welfare

Number of delegates: 57

Home and community based care

- ✓ A health service provided to an ill person at home (**home based care**) who is house bound or bedridden from any terminal diseases including HIV & AIDS
- ✓ A social service (**community based care**) being a service provided to clients and families nearer home.

Whom does the programme assist?

- ★ Healthy people
- ★ At risk or frail older persons
- ★ At risk people with moderate to severe functional disabilities
- ★ People recovering from illness
- ★ Terminally ill persons
- ★ Persons living with HIV& AIDS & other debilitating diseases/conditions
- ★ Other disadvantaged group/persons in need of care
- ★ Caregivers: family, caregivers in the formal and informal system

Principles of HCBC

- ★ Holistic
- ★ Person centered
- ★ Comprehensive, interdepartmental
- ★ Empowering
- ★ Ensure access to comprehensive support services
- ★ Cover total lifespan
- ★ Sustainable & cost effective
- ★ Promote & ensure quality of life, safety, commitment, co-operation & collaboration
- ★ Recognise diversity
- ★ Promote & protect equal opportunities, rights & independent living
- ★ Focus on a basic & essential component of PHC
- ★ Adhere to basic principles in health care & development i.e. community involvement

Purpose for including HCBC in PHC

- ★ Prevention, early identification, care, rehabilitation at community level
- ★ Reduce pressure on hospital beds
- ★ Reduce & share cost of care within system
- ★ Feelings of ownership are evoked
- ★ Allow people to spend their days in familiar surroundings
- ★ To promote a holistic approach to care
- ★ To create awareness of health in the community

- ★ Links & complements existing health care
- ★ Proactive rather than reactive
- ★ To allow the right to decide about care within own environment

Goal and objectives of HCBC

- ★ Shift emphasis of care to the beneficiaries
- ★ Ensure access to care & follow up through a functional referral system
- ★ Integrate a comprehensive care plan into the informal, non- formal & formal health system
- ★ Empower the family/community to take care of their own health
- ★ Empower the client, carer & community through education & training
- ★ Reduce unnecessary visits & admissions to health facilities
- ★ Eliminate duplication of activities & enhance cost effective planning & delivering of health services

HCBC package

- ★ Service philosophy
- ★ Activity plan according to need
 - Direct or indirect supervision responsibilities
 - Comprehensive training plan
 - Relationships with other services for referrals & follow up
 - Provisioning system: supplies & knowledge
 - Client & provider safety measures
- ★ Plan for service development
- ★ Definition of partnerships roles, functions & responsibilities
- ★ Identification of problems of concern to community
- ★ Identification of entry point to services & continuous, linked & uninterrupted referral system
- ★ Utilisation of coordinated community resources plan

Package components

- ★ Medical needs component - case management guidelines
- ★ Care component - adequate & appropriate: 24 hrs, 7 day week care, quality assurance
- ★ Support component - practical support
- ★ Counselling
- ★ Spiritual/religious
- ★ Social security

Objectives of the workshop-Day 2 Liza van der Merwe invited all the delegates to write and group their organisation into the following categories : Home Based Care; Drop-in Centres; Department of Health; and Community Development Organisations. The aim being to allow all those listed under the same category to get together in participative group work to create strength, weakness and challenges based analysis of their grouping.

Outline of the workshop 37 organisations were represented, 9 were drop-in centers, 16 were HBC and 12 were developmental or educational organisations from a variety of other fields e.g. community radio, victim empowerment, Department of Health.

Group 1 - Home Based Care Strengths

- Good relationship between carers and patients
- Self-motivated task force with a passion to work mostly voluntarily
- Good relationship with the Department of Health and SD

Home Based Carers work with

- Department of Health and Social Development
- Departure of Agriculture
- Home Affairs
- Municipality
- Stake Holders
- Risk Management
- Department of Education
- Drop-In Centres and NGOs

Weaknesses

- Lack of skilled personnel e.g. counsellors
- Lack of information on how to apply for funds, how, who and where to refer when needed
- Working conditions and lack of networking

Challenges

- Lots of work to do
- Patients are often referred too close to their last hours
- Patients don't have memory boxes or wills
- Often find children without ID books or birth certificates or road to health cards

Group 2 - Drop-in Centers

Strengths

- Safety of the children
- Community support
- Job creation
- Educational status
- Funding
- Support from the Department of Health
- Poverty alleviation
- Orphans receive grants

Weaknesses

- Shortage of funds
- Lack of knowledge

- Lack of facilities
- Shortage of personnel (volunteers)
- Laziness
- Lack of confidentiality
- No transparency
- Absenteeism

Challenges

- Not enough funding
- Lack of networking
- No accredited training
- No auditing by qualified auditors
- No motivation
- No site
- Shortage of resources
- No ID documents
- Different surnames in one family
- Cultural challenges
- Some NGOs are limited to the number of care givers allowed. In constitution must state unlimited
- Probation period- carers must be in the project for 1 year without a stipend
- Knowing where or how to find accredited counsellors and where to get training

Group 3 - Community Development & Organisations Strengths

- Collaboration with the Department of Health and interaction with relevant stakeholders
- Support from different stakeholders
- Volunteer manpower
- Media coverage
- Training centres for trainers and leaders
- Youth integrating HIV into all programmes e.g. tourism, leadership etc.
- Information service
- CBOs well defined focus

Weaknesses

- Unable to cover all NGOS and difficulty in controlling the mushrooming
- Lack of funds
- Time management, report, organisational structure
- Lack of delegation
- Lack of training
- Poor communication skills
- Lack of materials
- Ineffective follow-up in some programmes
- Governess of organisation

Challenges

- Lack of funds for equipment, resources, infrastructure
- Lack of cooperation with the police
- Lack of skills and knowledge
- Lack of qualified professional people e.g. counsellors for specific areas
- Failure to get funding for administrative, technological and service based areas
- Retention of staff

Working with Children and Communication skills for Counselling

Ms Liza van der Merwe, FAMSA

Number of delegates: 46

Objectives of the workshop

Liza van der Merwe used the knowledge and skills bought to the workshop by the delegates to facilitate a participative learning session. She encouraged the delegates to share their gaps in knowledge and workshop expectations. She then invited the attendees to work together in small groups so that together delegates could brainstorm, share information, ideas and knowledge on these issues in order to support each other in pursuit of new answers and solutions.

Learning Expectations

- 1) How could we identify children who are infected in order to help them?
- 2) How can we encourage making accurate and assertive decisions when it comes to HIV & AIDS?
- 3) How do we counsel children from different backgrounds?
- 4) How to encourage children to speak out when they are abused?
- 5) How to consider age when working with children?
- 6) What makes children think about sexual matters?
- 7) Facilitation skills between grannies & orphans?
- 8) How to speak to children when playing and through play?
- 9) How to identify the needs of orphans and vulnerable children (OVC) and programmes for drop-in centres (education)?
- 10) How to solve child prostitution and child labour
- 11) How to restore parental responsibility?
- 12) What are the strengths and the weaknesses of the NGOs working with children?

Group 1

How can we identify children with HIV & AIDS?

- Not always outward signs so need to help parents and guardians raise awareness for need to go for VCT
- Education
- Start suspecting if there is death of parents
- Studying the child and his/her background
- Monitoring development & health of the children
- Keep records of any signs of sickness

How can we encourage making accurate and assertive decisions when it comes to HIV & AIDS?

- Keep accurate recording and follow up
- Network with other specialised stakeholders in that field e.g. nurses, doctors and medical researchers

Group 2

How to encourage children to speak out?

- Build a trusting relationship by always talking to them about abuse
- Observe their activities and record them (report to other nurses and psychologist, etc.)
- Involve other expertise - make them aware by involving them in sexual matters, physical and emotional issues.

How to counsel children from different backgrounds and age groups

- Know the child's background
- Situational analysis
- Observation

If in a group

- Group them according to age
- Initially give them time to talk - if not give an activity e.g. a drawing
- Play games
- Always observe, record and file
- Involve a psychologist where possible

Group 3

What makes children think about sexual matters?

- Environment, lack of privacy in house and area of residence
- Media printing and electronic
- Poverty
- Substance abuse
- Peer group pressure
- Lack of recreational facilities
- Lack of knowledge
- Curiosity

How to consider age when working with children

- Birth, infant toddler
- Road to health chart to be used
- Milestones of child and developmental stages
- Physical, psychological, mental and social
- Puberty

Group 4

Facilitation skills between grannies and orphans

- They have to work together and to respect each other
- Grannies must be educated in life skills, mentoring and reproductive health (e.g. HIV & AIDS) i.e. granny looks after HIV+grand daughter

- ★ Emergency services
- ★ Care giver
- ★ Education/training
- ★ Safety
- ★ Monitoring, supervision & evaluation
- ★ Health information system

Activities

★ Nursing Care

Bed making
Getting patients out of bed
Bathing patients
Shaving patients
Hands and foot care
Feeding
Mouth care
Reposition the patients
Giving medication
Taking temperature, pulse and respiration
Referral to relevant institutions

★ Basic Care

Fetching wood
Fetching water
Cleaning the house
All other support activities

★ Basic counselling / mental / spiritual care and support

Formation of support groups
Assist families to create memory boxes

★ Rehabilitative services

Assist clients to do daily activities
Assist clients in exercises to improve the ability to move.
Teach the family to use sign language with a deaf person
Assist in building ramps for the disabled people
Identify disabled and older people in the community including children
Identify people who need assistive devices and other needs
Refer the clients to appropriate organisations and institutions

★ Palliative care

Control of pain and other symptoms
Psychological, social and spiritual care

★ Prevention and promotive services

Door to door visits
Identification of areas for intervention
Community mobilisation
Condom distribution
Awareness campaigns
Health talks

Social services

- ★ OVC's:
 - Identification of OVC's
 - Referral systems to relevant re-sources according to criteria
 - Early childhood development services
- ★ Drop in centers: Comprehensive services
- ★ Food parcels: Provided to the needy according

- to criteria
- ★ Income generating projects:
 - Gardening
 - Projects according to skill & interest
- ★ Memory box projects:
 - Marketing
 - Guidance

Counselling package in HCBC

- ★ HIV & AIDS awareness, marketing & education of VCT.
- ★ Support: individual, family & group
- ★ Counselling: Pre with referral & accompaniment (if requested) to VCT sites
- ★ Ongoing counselling & referral
- ★ Support groups
- ★ Care givers & lay counsellors are able to provide these services

Current situation 2006-2007

- ★ 327 organisations funded
- ★ 1, 787, 537 visits: Annual 05/06
- ★ 3300 carers on stipend
- ★ 5510 carers received training
- ★ Support groups:127: Participants: 3773
- ★ Each carer look after 5 patients
- ★ Minimum of three visits to each patients per week

Challenges

- ★ Departmental trainers have difficulty in providing training due to dual functions.
- ★ Practicals for carers difficult to facilitate due to lack of dedicated staff & indemnity challenges
- ★ Refilling of kits remains challenging.
- ★ Support to NPOs remains difficult due to work pressure, lack of transport & staff at district & sub district level.
- ★ Mushrooming of NPOs continues
- ★ Late submission of reports.
- ★ Referral systems not functioning optimally between carers & health facilities. Feedback to carers (the outcome of referral) not given routinely

Achievements

- ★ Debriefing sessions held for carers in all districts.
- ★ PLHA support groups functioning in all districts.
- ★ Project & financial management training done in all districts.
- ★ Kit refills have improved in certain districts. New kit bags distributed
- ★ Improved report writing of NPOs
- ★ Caregivers participated in all HIV & AIDS Calendar celebrations
- ★ Palliative care programme commenced with FHI.

- ★ Case management sessions facilitated.
- ★ Service packages developed.
- ★ Best practice training held for officials & NPOs
- ★ Orphans supported by district municipality
- ★ 12 training providers/NPO assisted with accreditation processes.
- ★ NPOs funded and stipends transferred

Future plans

- ★ Continue with training by accredited training providers.
- ★ Palliative care programme with FHI to continue
- ★ Conduct site visits to HCBC organisations
- ★ Strengthen care of carers programme, district forums, mapping & management skills
- ★ Strengthen kit bag refilling & accounting.
- ★ Documentation of best practice
- ★ Quarterly transfers of funds to NPOs

Current challenges

- ✓ Some carers not trained in HBC
- ✓ Lack of service providers to conduct training
- ✓ Lack of training materials
- ✓ 59 days HBC

Commitments made on turning the tide on HIV & AIDS

- ✓ Lack of awareness needs to be done following on behavioral change
- ✓ Equip carers with HIV & AIDS information
- ✓ Networking with other NGOs, CBOs and DOH

Other themes that emerged from the workshop

- ✓ Handout on 59 day HBC overview training
- ✓ CHoiCe to come and do training for them

- Tenseness
- Challenges
- Tiredness
- Compassion

What is counselling?

- Help the client to make own decision

What helps the client?

- Repetition of what the client said
- Introductions
- Being a good listener
- Used SOLER
- Referring client
- Confrontation
- Reassurance

What challenges arose from this workshop?

The challenges which arose from the workshop were that the topic was an extensively wide, complicated and very interesting one: and the time was too short to cover everything. Everyone was interested to learn more especially as they were all faced with counselling in their areas.

Further comments

A topic like this only confirmed what people realised in that they really lack the skills to be able to be effective and professional counsellors who could communicate better and handle conflict.

Participants took with them practical skills and solutions that had been demonstrated through several role plays which were done and analysed.

Delegate Evaluation and Feedback

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally	Comments
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB			X	XXXX	
Improving coordination and cooperation with increased networking			X	XXXX	
Provincial auditing and mapping of services being rendered in Limpopo				XXXXX	
Sharing best practice, making the links, setting standards and minimum criteria for service delivery			X	XXXX	
Identifying gaps and creative developmental responses that require future support and finance			X	XXXX	
Promoting district coordination and multi sector HIV & AIDS strategies at local level	XX			XXXX	

What were the key messages and recommendations made in this short workshop?

- ☐ The message that I have got here was to know what is a community health worker and the role of care givers. I have learned that every NGO must have a philosophy, something that we believe in.
- ☐ Home community based care, community health workers, EPWP
- ☐ Home based care
- ☐ Principals of HCBC
- ☐ Package for HCBC

What will you do differently as a result of sitting in the short workshop?

- ☐ I think I am going to motivate my carers to work hard so that we don't lose our quality. I am going to work hard and improve in my work, have a work plan, philosophy and guidelines
- ☐ I have understood
- ☐ I will change my work from simple way to a better way related to what I have had
- ☐ Improving coordination and cooperation to our clients and care givers
- ☐ Networking
- ☐ Monitoring how our communities respond to our service
- ☐ Mapping how many people within our community are reached and covered by our service

Would you like to make any further comments on this short workshop?

- ☐ The presentation was good and I wish you have made some copies for everyone who attended because as we are doing these services at our community that information was going to help us not to forget the role of care givers at our community. I think in the Vhembe district there are lots to be done on Home based care especially Thulamela municipality. Carers need to be motivated.
- ☐ All presentations are effective and can be easily taken in by everyone
- ☐ Therefore it became possible for us to educate some members of our organization whom we left at home
- ☐ The distribution of manuals can contribute in increasing our knowledge
- ☐ Allow two delegates per organisations there are different workshops happening at the same time
- ☐ Linkage with other institutions from different districts

What practical skills and solutions can you take away from this workshop and use in your work?

- Counselling, problem solving and conflict resolution
- Listening skills, empathy, body movement, values, patience, non judgmental, conflict solving
- Joint sharing strategy and plan of action
- Problem solving step by step
- Consider the importance of self awareness before attempting to assist someone

What will you do differently in your work as a result of sitting in the skills workshop?

- Assist other co-workers in counselling skills
- Assist clients
- Be able to solve problems
- The skill I received in thses workshop would make a big change in my organization in terms of solving problems. I would apply quality Counselling that I obtained in the workshop
- I would identify the goals of our organization and try to link or network with similar organisations

- More involved than ever before
- Start children's support groups and form child care forums within our drop in centre
- Improve my counselling skills
- I'll avail myself more to community for counselling

Would you like to make any further comments on this skills workshop?

- Presentation was enjoyable and straight forward
- This workshop was properly organized. We have been provided with copies of what we have discussed. Resources, presentation and facilitation was quite satisfactory
- Content of counselling procedure skills were not clear. Scenerio of conflict gives a clear understanding of the resolutions. Well done to the facilitator.
- Train us for at least one month. Certificates
- The facilitation was perfect and clear and I learned more about counselling
- Presentation clear and to the point. Facilitation was good

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally	Comments
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB	X	X	XXX	XXXXX XX	•How to carry out the job we are doing •It was interesting and know what to do
Improving coordination and cooperation with increased networking		XXXXX		XXXXX XX	•We are networking with other projects and depts •You give us enough time to learn
Provincial auditing and mapping of services being rendered in Limpopo		XX		XXXXX XXXX	•Every department discusses their services (help) •Sharing and advise us about that
Sharing best practice, making the links, setting standards and minimum criteria for service delivery			XXXX	XXXX	•Workshop must be done frequently •Many stakeholders are there to share their practices and their services
Identifying gaps and creative developmental responses that require future support and finance		X	XXXX	XXXXX XX	•We know the number of projects funded and the number they are going to add •Excellent
Promoting district coordination and multi sector HIV & AIDS strategies at local level		XX	XX	XXXXX	•We have those who are presenting district from department of Health and Social Development

COMMUNICATION AND COUNSELLING SKILLS – CONFLICT MANAGEMENT

Peter Pilusa, FAMSA

Number of Delegates: 37

OBJECTIVES OF THE WORKSHOP

- How to be ideal counsellors
- To gain more knowledge on conflict resolution
- To gain some skills on problem solving
- Process on dealing with conflict
- What are causes of conflict
- Expectation to become an expert.
- To understand that communication is a two way interaction between people - verbal or non verbal.
- To share information
- To learn more on listening skills
- Body language
- Empathy
- Reflection
- Paraphrasing
- Summarising
- Question: no closed questions
- Talking skills
- Minimum encouragement by the counsellor

The Values to be practiced in communication

- Self determination
- Patience
- Trust
- Being humble
- Non judgemental
- No stigmatising
- Respect
- Tolerance
- Confidence
- Confidentiality
- Sit squarely
- Open posture
- Lean forward
- Eye contact
- Relax

What is confrontation?

- Approach
- Clash of ideas
- Face to face
- Contact
- Facing the truth

What is Counselling Empathy = Listening attentively

What is not counselling:

- Giving advice
- Giving instruction
- Being passive
- By sympathising

What is a Problem?

- Something to make a person angry
- Hinders progress
- Difficult situation to find oneself in
- Hardship encountered by a person.

Conflict resolution

- Outcome of problem
- Disagreement that brings negative results
- Different opinions
- Misunderstanding

At this stage the delegates participated very well when suddenly his cell phone rang. He excused himself and walked between the chairs straight outside.

When he walked back his face showed great disturbance. He reached the front desk and faced everyone. All eyes were fixed on him, the room was very still.

Then he spoke: "I am sorry to inform you that FAMSA called to let me know that I am not the right person to facilitate this session. They have called me back and said that they will allocate someone else to continue tomorrow."

Everyone was concerned, they analysed the facilitators' plight to the extent of even finding solutions of getting him back to facilitate.

The above was a brilliant exercise where everyone took part in solving conflict in reality. The facilitator had played a convincing role, the delegates were not aware!

This was typical practical skills and solutions which delegates could take from the workshop and use after Masibambisane. There were other scenes played out and analysed by all.

The second day concentrated on unfinished business.

- Feelings
- Anger
- Frustrations
- Depression
- Happiness
- Confusion
- Anxiety
- Loneliness
- Embarrassment
- Shock
- Hopelessness
- Boredom
- Excitement

Creating Safety Nets and Social Capital

Ms Jane Manugu, Office of the Premier

Matters for consideration

- ✓ ✓ Introduction
- ✓ ✓ Definition of the concepts
- ✓ ✓ Safety nets in the South African context
- ✓ ✓ Strengths and weaknesses
- ✓ ✓ Looking forward strategies
- ✓ ✓ Conclusions

Introduction

- The purpose of this presentation is meant to discuss the importance of safety nets and social capital.
- It also strives to show the importance of social cohesion in order for the success of safety nets and social capital.
- Widespread poverty in South Africa and the world at large remains a challenge that necessitates collaboration to eliminate vulnerability. Statistics show that 3.7 million households out of 11,4 million live below the poverty line (Statistics SA 2000).
- There is no way we can talk about safety nets and social capital without first talking about the poverty that renders these two aspects very essential.

Definitions

- A safety net in simple terms is something that one can fall back on and it is supposed to cushion the fall. Nets are created in order to absorb the shocks and knocks of life from deprivation of essential assets and opportunities. They are meant to protect citizens from hardships.
- Social capital can be described as a very broad concept that encompasses several developmental issues such as education, health, economy, environment, employment, welfare etc. It features rules, norms, obligations, reciprocity and trust embedded in social relations, social structures and society's institutional arrangements which enable members to achieve their individual and community objectives. In short social capital facilitates mutual beneficial collective action.

How can we use social capital to affect outcomes

Narayam and Prichett (1997) have five mechanisms:

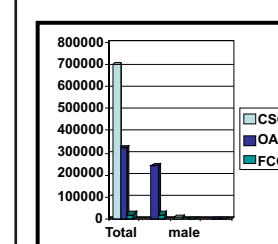
- Improve society's ability to monitor the performance of government
- Increase possibilities for cooperative action in solving problems
- Facilitate the diffusion of innovations
- Reduce information imperfections

- Increase informal insurance (or informal safety nets)

Safety nets in the South African context

- The shift of poverty indicators from rural to urban communities.
- Realities that threaten the safety nets: Unemployment, Illness & Death
- The consequences: Children taken out of school: Child labour; Child prostitution
- However, the design of safety nets can bring positive or negative consequences.
- Poverty alleviation projects. Are they viable? (1146 in the province) ranging from:
- Welfare
- Livelihoods
- Irrigation
- Community gardens
- Social security grants- providing for incapacity, retirement, child allowances etc. (See figure below) Is it working?

Social Grants Distribution



• There is a challenge around Foster care grants in that Justice Department will prioritise criminal cases over social grants. consultation between Health and social development and Justice and Constitutional Development around a strategy to curb this problem is at an advance stage.

• The challenge of access of grants as depicted during community Development workers and service delivery complaints is another cause of concern. MPCC and service centres should be beefed up to improve access

Safety nets in the South African context

- NGOs and CBOs
- The Unemployment Insurance Fund
- Access to credit

Are the structures sustainable?

Strengths and Weaknesses

- Success dependent on design
- They can weaken the incentive to work & save
- Can minimise political tensions
- Can positively contribute to economic welfare

Forward looking strategies

- Cooperation
- Poverty eradication
- Vigorous monitoring
- Access
- Information sharing

FUNDING FOR NGO/CBO HIV & AIDS SECTOR

Ms Ivy Sikwane, Department of Health and Social Development

Developmental Social Welfare services in South Africa have been and still are rendered by Government in partnership with Civil Society Organisations and Faith sector. Government appreciates and acknowledges the dedication, expertise and skills that private welfare service providers are contributing towards the improvement of lives of the poor and vulnerable members of our country.

Programme Director, ladies and gentlemen, allow me to briefly indicate that the partnership between Government and Civil Society Organisations is based on three pillars i.e. Service delivery to the poor and vulnerable, transformation and redirection of resources, and financing of service providers.

The three pillars indicated above are equally important for promoting good partnership and working relationship. Having said this, I wish to indicate that the presentation today will be on financing of civil society organisations and faith based organisations (FBOs).

The Department of Social Development is aware that it is not the sole funder of services rendered to the poor and vulnerable members of the community. The Department further recognises well established organisations have the capacity to raise funds.

Honourable colleagues, financing of service providers in South Africa is guided by Policy on Financial Awards to services providers(2004), Procedure Guidelines and Administrative tools which is a package for funding developmental social welfare service providers. The Policy on Financial Awards to service providers is an important instrument for ensuring quality service delivery and facilitation of transformation through funding of service providers.

The process of funding NGOs is as follows:

The Department finance services rendered by service providers by means of **three options**:

- Purchasing and financing through a process of subsidisation of programmes that meet the Department's basic requirements

- Purchasing and financing through a process of closed tender (Department identify needs and invite applications from appropriate service providers)
- Purchasing and financing through open tender (invitations for the supply of services of services are done according to tender procedures and policies)

The types of financing of service providers cover the following areas

- **Seed financing**- financing of services that is in the early stages of development
- **Capital financing**- for non consumable and maintenance items such as furniture and equipment
- **Venture financing**- Once-off payment to projects that only need start-up financing to become self sustainable
- **Partial financing** apply in instances where only part of a broader service is approved for financing
- **Shared financing** different funders decide to jointly fund a service or fund different parts of a comprehensive service
- **Long-term contractual financing**- for services that operate over a longer period of time and have long- term objectives. Financing is continued as long as the service remains a priority and compliance with contractual conditions are confirmed

The Department transfer funds to service providers as follows:

- **Payment in phases/ stages/ trenches**- is used where the next payment is dependent on results achieved in the previous phase/ stage
- **Payment through transfer of lump sum** - this type of payment is done to service providers where service providers have a proven record of compliance, credibility and accountability
- **Payment at regular predetermined intervals**- annual allocation is divided into monthly/ quarterly/ six-monthly portions and paid in equal amounts to assist with cash flow management and expenditure control

Eligibility of financing

A service provider will be eligible for a financial award for the Department of Social Development if the following requirements are met:

Feedback by Facilitator

What practical skills and solutions can delegates take from this workshop and use after Masibambisane?

- The Loss exercise
- Memory boxes displayed
- Quilt demonstration
- Memory book

What challenges arose from this workshop?

- The need for a workshop on wills for all organisations as they are confronted with issues which could have been handled better if there was a will
- Memory boxes participants realised that it is not only for someone who passed on. Memory

boxes are practiced but people are not aware they are practicing it.

Would you like to make any further comments on the workshop?

- The time was too short. Participants did not get time to practice writing a will. It was given to do at home. No time to review how they coped with the form given.
- The Geese story was very good as a debriefing after dealing with death, loss and memory boxes.

Delegate Evaluation and Feedback

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB		X	XXXX	XXX
Improving coordination and cooperation with increased networking		X	XXX	XXXX
Provincial auditing and mapping of services being rendered in Limpopo			XXXXX	XXX
Sharing best practice, making the links, setting standards and minimum criteria for service delivery	X		XXX	XXXX
Identifying gaps and creative developmental responses that require future support and finance		X	XXXX	XXX
Promoting district coordination and multi sector HIV & AIDS strategies at local level		X	XXX	XXXX

What practical skills and solutions can you take away from this workshop and use in your work?

- As a care giver and a mother, there is a need for memory boxes at home for the whole family and all people to practice memory boxes at their place to remind us of those who passed away and also for keeping our culture for our next generation
- I would take the skills of making a memory box
- Writing a will and memory box. I'm going to teach the carers to make their own will & memory box
- Developing a memory box, how to do it, the approach to use, and the reason for doing it. Where to store it.
- Engaging families in the exercise of will planning

nity and other stake holders. I must help everybody who needs help, even those who don't see the importance of our help.

- To give feedback to our district
- Conduction a procedure of guiding families on preparing a will and preparation of memory boxes.
- Feed back to organization members

Would you like to make any further comments on this skills workshop?

- We learned a lot from this. The facilitation was good and she was very friendly.
- We were motivated and touched with the facilitation on these issues
- The information filled the gaps I had
- The facilitators were good in their presentation though pressure of time influenced them to be fast

What will you do differently in your work as a result of sitting in the skills workshop?

- I will encourage all my clients the importance of memory boxes and sharing whole information so that they can realize how important it is to keep record for their family
- I learn to work hand in hand with the commu-

Act as though it were
impossible to fail

Example of a Basic Will

WILL

This is the last will and testament of(full names)

Identity number.....of (address).....

1. I resolve any past wills made by me
2. I nominate (full name and address of persons appointed as Executor)

.....to be my Executor of my Estate.

3. I direct that my nominated Executor does not have to give security to the Master of the High Court for the proper administration on my Estate.

4. I leave my Estate to the people and in the amounts indicated here:

5. I appoint

Identity number of (address).....

.....to be sole guardian of my minor children. (If you have minor children and a single parent)

Dated At.....(place)

On this the Day if(month) 2004

As witness:

1.

2.

Testator/Testatrix

- be a legal persona and be registered with the appropriate authority
- as a non-profit organisation in terms of the Non-Profit Organisations Act 1997, be affiliated to a non profit organisation that is registered or can provide proof being in the process of registering with the Act, unless the service is procured through an open tender
 - Provide services or intend to provide services in line with the Department's priorities and objectives
 - have a **Constitution** and embraces **Social Development services**
 - demonstrate the ability to provide effective and efficient services
 - promote equitable distribution of services, taking into consideration historical imbalances
 - promote inclusiveness and representativity in the management and organisation of services
 - be able to account for the utilisation of finances in terms of the principles of the Public Finance Management Act 1 of 1999 (PFMA)
 - be registered in terms of any other specific related legislation (e.g. Child Care Act, Older Persons Act)
 - Support and commit itself to share resources and transfer of skills to emerging organisations

Requirements of funding

Service providers should submit a service plan/ business plan as prescribed in the procedure guidelines to apply for funding. The service plan / business plan should contain the following information:

- Identifying information of the NGO/NPO
- Information of the management board, staff, volunteers and current beneficiaries (service recipient) of the NGO/NPO
- Objectives, outputs and outcomes
- Activity based budget to show the amount/ funds needed, and the purpose for which they will be utilised
- Other documents that are legally or administratively required include:
 - *Most recent audited financial statements
 - *NPO registration or other relevant registration
 - *Constitution
 - *Confirmation of banking details
 - *Financial assurance declaration Form(in terms of PFMA)

Contracts/ Service Level Agreement

The responsibilities and roles of the service providers and Department are spelt out in the **Contract/ Service level Agreement** signed between the two parties

The Contract/ Service Level Agreement will among

other things cover the following areas:

- Service specific outputs expected
- Financial arrangements
- Roles and responsibilities of the Department and service providers
- Duration of the agreement
- Reporting and accounting requirements within specific time frames
- Monitoring and evaluation arrangements

Monitoring and evaluation of services is an ongoing developmental process. It is meant to assess compliance with the signed contract (Service level Agreement), for both service delivery and financial management. It includes the following areas:

- Financial-the extend to which the service provider complies with the requirements stipulated in the contract
- Customer care-Focuses on service deliverables which include client satisfaction, responsiveness, timeliness, reliable services, assurance and empathy in the delivery of services
- Organisational (Internal business perspective)- focuses on continuous performance improvement of the organisation to achieve customer satisfaction

Ladies and gentlemen to stress the importance of monitoring and evaluation I wish to indicate that it embraces compliance with relevant legislation, policies and priorities, procedures norms and standards. To ensure that allocated funds are used as per agreed objectives in the contract. Determine that transformation requirements are met and to promote best practice models. Monitoring and evaluation also ensure that there is adequate beneficiary, stakeholder and community involvement in the design of the organisation governance. Monitoring also ensure the implementation of the organisation's diversity management strategy and sustainability plan

Programme Director I would like to conclude my presentation by stating that the partnership between government and service providers should be ongoing and be based on mutual trust. As government I wish to reassure service providers that the Department of Social Development is committed to continue funding service providers that comply with relevant legislation, policies and priorities, procedures and norms and standards.

Perseverance:

It is perseverance which distinguishes the strong from the weak.

Children and HIV & AIDS

Mr. Matome Raphola, Department of Health and Social Development

I. INTRODUCTION

- Most of South Africa's children live in very difficult socio-economic conditions.
- These conditions infringe on their rights and limit the opportunities for a better life.
- According to the Nelson Mandela/HSRC study of HIV & AIDS 11.4 % or 4.5 million people of South Africa's population were HIV positive. The prevalence of HIV by age is as follows:
 - ❑ 2-14 years 6%
 - ❑ 15-19 years 6%
 - ❑ 20-24 years 13%
- 13.0% of children 2-4 years had lost a mother, father, or both parents. 3.0% of households were determined to be child headed. Our Dept. is currently funding and giving support to 164 Drop-in-Centres in the province and the intention is to increase the number to 200 in the next financial year.

II. IMPACT OF HIV & AIDS ON CHILDREN

- Children take care of their sick parents
- Children lose family and identity
- Children become orphans
- Children drop out of school
- Children become malnourished
- Children head their families
- Children resort to child prostitution
- Children resort to child labour
- Children roam and live in the streets
- Children resort to criminal activities
- Children are robbed of their inheritance by their greedy relatives especially houses/cars/businesses etc
- Children are physically, sexually and emotionally abused

III. SERVICES TO ORPHANS AND VULNERABLE CHILDREN BY HCBC

- Early identification of OVC (CHH, GHH, YHH)
- Conducting awareness campaigns on the plight of OVC
- Assessment of OVC needs
- Referral of OVC needs to the local resources (Home-Affairs, Agriculture, Local Government etc.)
- Making follow-up with the local resources.
- Establishment of support groups for children
- Establishment of income generating projects in which OVC are involved

- Assisting sick parents in drawing up wills
- Assist sick parents in designing memory boxes

IV. SERVICES TO CHILDREN THROUGH DROP IN CENTERS

- Provision of material assistance e.g.
 - A cooked and nutritious meal at least twice a day
 - Providing snacks for children to take to school
 - Providing food parcels to cook at home during weekends
 - Providing clothes (school uniform and Sunday clothes)
 - Assistance with home-work in collaboration with volunteer teachers
 - Lay counselling
 - Life skills education
 - Establishment of child support groups
 - o Study groups
 - o Peer counselling
 - o Engage children in income generating projects

V. SERVICE TO CHILDREN BY HCBC

- Early identification of OVC
- Assessment of OVC needs e.g. Housing, health, social grants food etc
- Referral of OVC needs to the local resources
- Making follow-up with the local resources
- Establishment of support groups
- Establishment of income generating projects
- Assisting sick parents in drawing up wills
- Assist sick parents to design memory boxes

VI. SERVICE TO CHILDREN BY CCF THE RIGHTS OF CHILDREN

- To a name and a nationality from birth
- To family care or parental care, or to appropriate alternative care removed from family environment
- To basic nutrition, shelter, basic health care services and social services
- To be protected from maltreatment, neglect, abuse or degradation
- To be protected from exploitative labour practices
- Not to be required or permitted to perform work or provide services that:
 - Are inappropriate for a person of that child's age, or place at risk the

1. FACT

As each bird flaps its wings it creates an uplift for the bird immediately following. By flying in a "V" formation the whole flock adds at least 71 percent greater flying range than if each bird flew on its own.

1. TRUTH

People who share a common direction and sense of community can get where they are going quicker and easier because they are traveling on the trust of one another.

2. FACT

Whenever a goose falls out of formation, it suddenly feels the drag and resistance of trying to go it alone and quickly gets back into formation to take advantage of the lifting power of the bird immediately in front.

2. TRUTH

There is strength and power and safety in numbers when traveling in the same direction with whom we share a common goal

3. FACT

When the lead goose gets tired, he rotates back in the wing and another goose flies point.

3. TRUTH

It pays to take turns doing hard jobs.

4. FACT

The geese honk from behind to encourage those up front to keep up their speed.

4. TRUTH

We all need to be remembered with active support and praise.

5. FACT

When a goose gets sick or is wounded and falls out, two geese fall out of formation and follow him down to help and protect him. They stay with him until the crisis resolves, and then they launch out on their own or with another formation to catch up with their group.

5. TRUTH

We must stand by each other in times of need

LET'S REMEMBER
TO UPHOLD EACH OTHER
IN FRIENDSHIP
AND GIVE EACH OTHER
A BIG "HONK"
MORE OFTEN.

"In prayer; expect setbacks, but
refuse retreat."
Richard Eastman

Don't tell the Lord how big the
problem is, tell the problem how
Great the Lord is!

Let your friends know that you're
merely a honk away ...

Who can make a Will?

Any person over the age of 16 years old can make a will.

Who cannot make a will?

- A person is not allowed to make a will if at the time of making the will they are mentally incapable of making decisions, e.g. people who have a mental disability or who are drunk
- A minor who is under the age of 16 years

Where can I get help to make a will?

It is better to get advice and help in drawing up your will especially if you have a big estate. You can go to:

- A lawyer
- A community advice office or paralegal
- Your bank or building society

What is an Executor?

- An executor (male) or executrix (female) is a responsible and trustworthy person you appoint to ensure that your wishes are carried out according to your will
- The person has to gather all your possessions and pay off all your debts and distribute the possessions in accordance to your will

What can be included in a will?

Any wishes can be included as long as they are not:

- Illegal, e.g. Fred will only inherit my house if he kills Jane
- Against public morals
- Too uncertain to be carried out something that is too vague

Who can inherit from a will?

- Generally any person, group or organisation can inherit from a will
- The law states that all children can inherit including children born during marriage, outside of marriage and adopted children

Who cannot inherit from a will?

- A person who kills the person who wrote the will
- Any person who signed as a witness on the will or who signed on behalf of you if you were unable to do so yourself

What role do the witnesses play?

Witnesses do not have to read your will

- They are there to confirm your signature and that the document is your will
- They do not need to be consulted about the contents of the will

What are the requirements for a valid will?

- The will must be in writing, including typed, printed or hand written

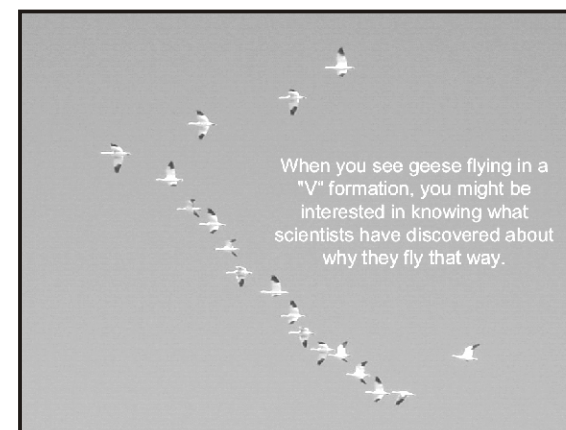
- As the person writing the will you must sign every page.
 - o If you are unable to sign then someone can sign on your behalf in front of you and the witnesses
 - o If you sign with an "X" then the Commissioner of Oaths must write that they are satisfied that it is your mark and that the will reflects your wishes
 - o If you are unable to do the above then you can place your right hand thumbprint at the bottom of each page. This is to be done in front of the Commissioner of Oaths and two witnesses with a certificate attached to the will stating that the thumbprint is yours and the will reflects your wishes
- You must sign the will in the presence of two or more witnesses. The witnesses must be over 14 years old
- The witnesses must sign the will in front of you as the testator and in front of each other
- The witnesses must sign their name in full and not use initials or a mark
- Each page must be signed by you and the two witnesses
- On the last page, sign as close to the end of the will as possible to prevent anyone trying to add or change your will in the space remaining
- The will must be dated so that it is easier to identify the last will that you make

Can I change my will at any time? YES!

- You can change your will at any time provided that you have followed the requirements as set out above
- Any changes on the will at anytime where you or the witnesses have not signed next to will be invalid, e.g. scratching out, correction fluid or additions to the will

The Geese Story

- Debriefing the sessions above
- To understand the need of team work and support between organisations.



When you see geese flying in a "V" formation, you might be interested in knowing what scientists have discovered about why they fly that way.

child's well-being, education, physical or mental health or spiritual, moral or social development.

- Not to be detained except as a measure of last resort. The child may be detained only for the shortest appropriate period of time, and has the right to be:
 - Kept separately from detained persons over the age of 18 years
 - Treated in a manner, and kept in conditions, that take into account the child's age
- A child's best interest are of paramount importance in every matter concerning the child
- In this section "child" means a person under the age of 18 years.

VII. REFERRAL SYSTEM

- Every HCBC, DIC and CCF must have a sound referral system in place.
- Follow ups are to be made with their local resources

Working with Children

Yvonne Chauke, Mopani District Office Health and Social Development

Number of delegates: 81

Outline of presentation

In this presentation Yvonne Chauke looked at civil society. She defined child headed, granny headed and sibling headed households. Ms Chauke gave an overview of the needs of children, and the need for a circle of support for child and foster parents. She explained how to ensure children are provided with the necessary counselling and who the relevant parties are.

Yvonne also explained the services provided by social development such as grants, child forums, drop in centers and coordinated structures. She also looked at the role of social workers.

Current Challenges

At present there is a lack of co-ordination amongst the home based care groups and the drop-in-centers. Ideally a HCBC should assist drop-in-centers by identifying children in need of care.

Commitments made on turning the tide on HIV & AIDS

There is a need to intensify strategies, to fight the spread of HIV & AIDS, to raise community awareness and to provide more education about sex. A commitment needs to be made, especially to work with young and vulnerable children in order to equip them with the knowledge they need

VIII. ADVANTAGES OF FAMILY AND COMMUNITY BASED INTERVENTIONS

- Encourage community self reliance
- Encourage voluntary and spontaneous links with HIV & AIDS prevention activities
- Recognise and build on the reality that infected and affected children get most of their support from families, and communities.
- Builds on natural families and community's roles in protecting children .
- Community based professionals such as social workers focus on serving difficult cases, monitory and support

IX. COORDINATING STRUCTURE

Every municipality is expected to have a coordinating structure, which ensures that there are no mushrooming of CBOs and activities of all CBOs are appropriately distributed to all sectors of the municipalities and are properly coordinated. Rendering services to the children is a call which no any other person would have done it better other than ourselves.

to stay healthy and to handle any sexual abuse.

Other themes that came out of the workshop

It was clear that child care forums need to be created and a discussion was held on who should be involved and who should facilitate the process.

- orphans of immigrants need special attention due to a lack of local support
- clarity is needed on the functions of a drop-in-center

Practical solutions and recommendations for the future

It was recommended that civil society organisations keep in touch with their district offices for Health and Social Development.

Love

Love is the only force capable of transforming an enemy into a friend. (Martin Luther King)

Delegate Evaluation and Feedback

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally	Comments
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB	X	XX		X	
Improving coordination and cooperation with increased networking		X		XX	It is still early days geo-graphical areas still being established
Provincial auditing and mapping of services being rendered in Limpopo			X	XX	
Sharing best practice, making the links, setting standards and minimum criteria for service delivery		X		XX	Speaker helped raise standards
Identifying gaps and creative developmental responses that require future support and finance			X	XX	Delegates addressed this challenge
Promoting district coordination and multi sector HIV & AIDS strategies at local level				XXX	Good effort to empower care givers

What were the key messages and recommendations made in this short workshop?

- The need to support our children, to counsel them and treat them as if they were our own.
- It is vital to manage the resources we are given effectively (e.g. not to take money given to children to buy furniture for ourselves).
- Social Development Services such as child care forums, drop in centers and coordinated structures need to be in place in each area e.g. good and relevant business plans need to be drawn up.
- Children need to be educated more on HIV, AIDS, related illnesses and health.

What will you do differently in your work as a result of sitting in the short workshop?

- I will follow up more on problems raised with OVCs and gain clarity on the local services available to me.
- I will refer to social workers more and try to gain more government grants for the children in my care.
- I will arrange project workshops in order to empower carers
- I will arrange with the municipality that feedback is given to those who were not able to attend this Limpopo summit.

Would you like to make any further comments on this short workshop?

- More resources are needed to help our disadvantaged children
- The workshops was Informative, well presented and at the right level for the delegates

<p style="text-align: center;">Gender Dynamics</p> <p style="text-align: center;">Lulu Ndlovhu, RADAR</p> <p style="text-align: center;">Number of delegates: 21</p>

Introductory Exercise on Gender Roles followed by discussion.

Group Exercise - 24 Hours

What does the man and the woman do for 24 hours. Ms Ndlovhu gives each group one of the partner's jobs.

Delegates choose for the other and fill in the day.

Presenter writes for each activity:

- S if person doing it for self
- O if doing it for other person
- S/O combination of both

Delegate Evaluation and Feedback

What practical skills and solutions can you take away from this workshop and use in your work?

- Good workshop
- First Aid and bed bath

What will you do differently in your work as a result of sitting in the skills workshop?

- First aid for choking

- Share information

Would you like to make any further comments on this skills workshop?

- I like more information
- Information is good
- Give us manuals to read at home

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS & TB				XXXXX
Improving coordination and cooperation with increased networking				XXXXX
Provincial auditing and mapping of services being rendered in Limpopo		X		XXXX
Sharing best practice, making the links, setting standards and minimum criteria for service delivery			XX	XXX
Identifying gaps and creative developmental responses that require future support and finance		XX	X	XX
Promoting district coordination and multi sector HIV & AIDS strategies at local level				XXXXX

Memory Boxes, Personal Finance and Preparing for Bereavement

Tintswalo Mashele, CHoiCe Trust

Number of delegates: 15

You and Your Will

- To understand the importance of the will
- To know the limitations
- To be able to draft a will

Loss Exercise

- To experience loss in a safe environment
- To identify one's provider in life

Each participant was given 16 cards on which to write 4 of his/her best qualities or physical attributes, 4 of his/her best possessions, 4 of his/her favourite family members & 4 of his/her best friends. Each participant was then asked to give away 2 cards. Then without asking, 2 cards were taken from each. Each one was asked how they felt when they had to let go of something and compare the feeling when the cards were taken without asking. Most explained it was hard to choose because they had written the best but were bound to choose one. All felt uneasy when the cards were taken away. It was a very emotional session. Each one was given a chance to relate this to death and illness.

What is a Will?

A will is a legal document.

- It states what you want to happen to all that you own when you die
- A will is a very important document
- It should not be left until a crisis such as illness occurs in your life and should be completed before

the event of an accident

The Legal Language:

Testator = You who are making the will
Estate = Everything you own
Heirs = Those that will inherit the property that you own.

What if I do not have a Will?

If you die without leaving a will, then the law says that you have died INTTESTATE (without a will).

- If you die and leave only a spouse and no children, the husband or wife who is still alive will inherit all the possessions
- If you leave children and a spouse, then the property will be divided between the spouse and the children. The law makes sure that the spouse gets a minimum amount of money before the children inherit
- If there is no spouse, then the children receive equal shares of your estate
- If there is no spouse or children then your estate is equally divided between your parents
- If one parent is deceased that share will go to any of your siblings
- If there is no-one then your estate will go to any nearest relatives, e.g. aunts or uncles.

TB DOTS - 5 days

- Tuberculosis information
- DOTS strategy
- Role and Responsibility of the DOTS supporter
- Nutrition
- Record keeping
- Infection Control
- Practical

Home Nursing Skills - 10 days

- Different Body Systems
- Common conditions linked to the body systems
- Chronic diseases
- Management of common conditions in the home
- Infection Control
- Nutrition Care and Support for people living with chronic diseases
- Practical Home Nursing skills with basic rehab skills
- Practical

First Aid - 3 days

- First Aid based on Level One (1) / First Aid Instructor
- Theory
- Practical
- Infection Control

VCT Lay Counselling - 10 days

- Counselling skills
- Pre Test Counselling
- Testing demonstration
- Post Test Counselling
- Ongoing Counselling
- Confidentiality

Role of the Community Caregiver:

The community caregiver works as part of the health team in terms of a model of integrated community based home care. The care giver provides home care, education and support to clients and families. Within this model the community caregiver is supported and guided in all roles by professional personnel. The importance of the community caregiver not being trained as a nurse was stressed throughout the session.

Practical skills form part of the National HBC curriculum. This forms part of a 10 day training module. It was decided to touch on some of these skills in a practical demonstration, for participants to identify with the quality of training they need to attend in order to qualify as community care givers.

First Aid - Choking

- conscious casualty to unconscious
- casualty found unconscious
- fat or pregnant women (the above presentations were done on video)

Tuberculosis:

A session on TB was conducted by 3 CHoiCe facilitators. The group was divided into 3 groups and each group was provided with a TB game. This game aims to help the participants to explore why people might stop taking their TB treatment. The game makes provision for obstacles in the path of the client to prevent TB treatment completion. While playing this game, the participants had to explore the reasons why these obstacles prevent TB clients to adhere to their treatment. A lively discussion in all 3 groups made this session an effective training opportunity, with participants sharing experience, solving problems encountered in the past and clarifying TB issues.

Discussion

- Participants were not aware of how these different factors could influence adherence
- Through these discussions, participants gained knowledge on how to address these barriers in order to get TB clients to complete their treatment
- Participants promised to share their knowledge with other care givers in order to increase the TB cure rate

Challenges

- Some caregivers not trained in home based care
- Some caregivers do not have skills in home based care
- Lack of service provider to conduct 59 days home based care training
- Lack of training materials
- Carers mentioned it is their first time to see some procedures
- No skilled people to do training
- Some live too far from clinics to ask nurses to demonstrate some of the procedures

Commitments made to turning the tide of HIV & AIDS

- Lots of awareness needs to be done for focussing on behavioural change
- Equip carers with HIV & AIDS information
- Networking with other NGOs and DoH

Recommendation

- Handouts on 59 days HBC overview training days to be given to the participants
- CHoiCe to come and do trainings for them
- Allow two delegates per organisation as there are different workshops happening at the same time

Other Themes that came our of the Commission:

- Some participants mentioned that they would like to have this type of workshop every year to update their knowledge
- Some asked where we bought our models

	Women		Men
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	

Group 1 Farm worker and wife not working

	Man	Woman
Self	18	13
Other	3	13

Group 2 Working women, teacher, and unemployed man living in township

	Man	Woman
Self	24	19
Other	0	21

Group 1

There was heated debate over each item. Is it for self or other. Discussion over differences between rural/urban, educate/uneducated ... The cultural context was discussed. A heated debate occurred around the statement: “a rural woman has different needs for sex than an urban woman”.

Through the discussion, it was noted that assumptions were being made on behalf of women.

Group 2

The woman works all day and cares for the children and husband. The husband goes out to visit his girlfriend. He still comes home for sex. A woman cannot deny her husband sex even if she is tired. Who makes the decision in the relationship? Who holds the power in the relationship?

Current challenges:

- Gender imbalance
- Discussing with kids: sex, love and sexuality
- Both parents involvement in raising children
- Giving women decision-making power
- Raise awareness about gender issues

Comments made by delegates on turning the tide on HIV & AIDS

More women are HIV+ than men. Do the women have decision making power? No. Women are expected to conform. Women cannot decide not to have sex or to use a condom. Men are expected to have multiple partners and this is seen as standard. As a wife you are not supposed to initiate sex. She is expected just go along with husband and enjoy it because the husband is enjoying it. If a woman reports being beaten she is told to tolerate it. A woman is told she is not a woman if she does not have children. So a woman has no protection from HIV. Something is thought to be wrong with a man if he does not drink and smoke.

When a woman is thought to be clever, society says she thinks like man. Women are not encouraged to be confident and take the spotlight. Women are not considered when decisions are made. Girls are raised to be wives. Women are seen as strong. The flipside is that men use this to believe they can do as they like and women will cope and be strong. Men are not allowed to cry.

Socially constructed ideas about women and men are accepted and not questioned. No one wants to know what a woman wants. Assumptions made about women leads to decisions being taken for them. We need to go back and ask what kind of a society are we living in. HIV looks beyond the way we are thinking.

Other themes that came out of the workshop

Women bring up children. What is the role of each parent in a child's life?

It used to be that man was just a visitor at home and the woman brings up the children. There needs to be a balance of roles in bringing up children. This starts before child conceived. Look at pre natal care where is the husband? Society needs to encourage both parents to be involved.

What about single parents? What about those who work away from the home?

Expectations set for children needs to change. It goes back to how we grow up and will take time to change mind sets.
In reality parents do not have enough time to spend with children. We need to look at what society is doing. There used to be an extended family that spoke with children. Let's look at who is replacing this in current society.

Practical solutions and recommendations for the future

We say we have a role to play in children's life but first we need to understand who we are and where we come from. You decide what you want to take from it and what you are going to tell your children.

Teach children to be aware of self and love so they think of others and take precautions with HIV.

Youth leader kids learn to love on the street. Children say parents do not tell them they love each other. Kids don't know how to love and use the bedroom.

Raise awareness about gender issues.
Diversity is not just race or gender but also opinions.

Is South Africa ready for a women president?
What do you think?

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB	X		X	XX
Improving coordination and cooperation with increased networking			XX	XXX
Provincial auditing and mapping of services being rendered in Limpopo	XX	XX	X	
Sharing best practice, making the links, setting standards and minimum criteria for service delivery		X	X	XXX
Identifying gaps and creative developmental responses that require future support and finance	X		X	XXX
Promoting district coordination and multi sector HIV & AIDS strategies at local level			X	XXX

Delegate Evaluation and Feedback

What were the key messages and recommendations made in this short workshop?

- We have to treat our children equally
- Women should no be abused, work abnormal hours as house wives and sex slaves
- Men should show respect and appreciation of what women are doing at home and at work
- Men and women should be treated the same so that each one of them could be able to contribute to raising children at home
- Women should stand up for themselves and their families.
- Society's expectations of men and women are different

What will you do differently in your work as a result of sitting in the short workshop?

- I should go and have a discussion day/talk about gender dynamics
- Make sure that young people all know who they are and what role they should play in eradicating HIV & AIDS in our country
- Make sure that men and women understand the gift of sexuality and know how they should behave sexually
- I've learnt to love myself and others equally
- Teaching mothers and father to talk to their children and show them love
- Rolling out the gender imbalances to the community so they can change into balanced gender

Would you like to make any further comments on this short workshop?

- Dynamics should be taught mostly to young people and I've seen most of the people in here effectively discussing that and I loved it.
- The presentation was so good, now every man or woman who attended this workshop will apply a good quality time to him/herself and others.
- May we find more workshops of this nature especially since HIV & AIDS is everywhere. Time was very short, but the information was well shared.

Home Based Care

Jamela Tiva, Elsie Tiba & Salome Nkuna of CHoiCe Trust

Number of delegates: 134

This presentation consisted of three sections:

- Home/Community Base Care
- First Aid - Choking
- Tuberculosis

Home/Community Base Care

Presentation on the 59 days HBC curriculum was done on request of Dorcas Hatlani (District HIV & AIDS Co-ordinator). The 59 days training forms part of the National Home Base Care Curriculum and is a requirement for all Care Givers.

National Home Based Care Curriculum 59 days Home Based Care Training

HOPE COURSE -10 days

- Introduction
- Orientation
- Community Based Home Caregivers/Scope of Practice/Care of the Care Giver
- Mapping / Households
- Communication skills
- Facilitation skills
- HIV & AIDS and STI
- Infection Control
- Management of common conditions in the home
- Spiritual, Religious, Cultural Issues
- Social Grants
- Nutrition + Vegetable Gardens
- Practical

Module	Number of Days Re-quired	Comments
1. Introduction		
2. Orientation	1	
3. Community Based Home Caregivers	4	Including time for community mapping
4. Facilitation Skills and methods	2	
5. Sexually transmitted infections including HIV & AIDS	3-5	This will depend on the trainer from the Provincial STI program).
6. Tuberculosis (DOTS)	5	This would depend on the trainer from the Provin- cial TB program.
7. Infection Control in the Community	2	This needs to be incorporated into all training.
8. Incorporating Palliative Care Principles into Basic Nursing Care in the Home	10 –15	This will depend on the competencies of the learners.
9. Management of common conditions in the home		Forms part of Palliative Care
10. Nutrition Care and Support for people living with chronic diseases	2-3	Provision also needs to be made for a visit to a food garden
11. Chronic diseases, geriatrics and rehabilitation		Forms part of Palliative Care
12. Care and Support	1-2	Involvement of a Social Worker will be recom- mended.
13. Communication	1	
14. Spiritual, Religious and Cultural Issues	2	
15. Voluntary Counselling & Testing & Prevention of Mother to Child Transmission	1	
16. Care of the Caregiver	2	
17. Practical		Good records must be kept of all practical work.
18. Pre- and Post-Test Counselling course	5-10	
19. Time spend in hospital and clinic + other organi- sations		Arrangements for these visits will need to be made to suit the relevant organisations.

Delegate Evaluation and Feedback

What practical skills and solutions can you take away from this workshop and use in your work?

- All psychosocial support services.
- How to deal with the need of a child psychological, emotionally and physically.
- Networking with other stakeholders in the community.
- Support system.
- Team building and networking.
- To form a good relationship with different government departments to work together with OVC for referral system where needed.
- To give care and support for needy children.

What will you do differently in your work as a result of sitting in the skills workshop?

- Acquire more knowledge especially on the kind of exercises they have demonstrated to us.
- Networking with other organisation community involvement.
- Encourage and parent participation.
- If there are problems in my clients to go through this problems I must contact other people in order to overcome.
- Meeting the needs of children (holistic care) especially the emotional part of a child.
- Strengthen relationship with other stake holders and to share information.
- Make sure when children are in need get a shoulder to lean on.
- Forming circles of support around orphans.

Would you like to make any further comments on this skills workshop?

- We had a very much informative practical session.
- For me there everything was well coordinated and I would like to acknowledge the CHoiCe staff for the job well done.
- Don't take problems and make them yours.
- The workshop needs to cover everybody who was working with children.
- The facilitation was good and everyone shared their experiences and knowledge.
- The presentation and activities were positive and having a positive result or outcome.
- It was a wonderful workshop I have ever had in my life very much helpful and empowering.
- My comment is that you must make another workshop.
- Workshop was very informative, made us realize our roles to play with the community.
- Learned different methods of disseminating information to others.
- Learned to realize that it is always not money that you need to care and support children.

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS & TB			XX	XXXX
Improving coordination and cooperation with increased networking		X	XX	XXXXX XX
Provincial auditing and mapping of services being rendered in Limpopo	XX	X	X	XXXXX
Sharing best practice, making the links, setting standards and minimum criteria for service delivery			X	XXXXX XXXX
Identifying gaps and creative developmental responses that require future support and finance	X	X	XX	XXXXX X
Promoting district coordination and multi sector HIV & AIDS strategies at local level		XX	XXX	XXXX

Group Work



Social Grants: The Practical Side

Matshidiso Joyce Mofokeng, SASSA: Disability Management (Limpopo)

Number of delegates: 40

SASSA Vision To provide world class social security services.

SASSA Mission To develop and implement policies, programmes and procedures for an effective and efficient social grants administration system. ‘Paying the right amount to the right person at the right time’.

Accessing Social Grants if you are HIV positive
Children can access a foster care grant if they are under 18 and found to be needy

- Types of Grants**
- Old age grant R820
 - Disability R820
 - Ware Veteran grant R580
 - Care dependency grant R820
 - Foster Care Grant R540
 - Child Support Grant R190
 - Grant in aid R180
 - Social relief of distress

- Other services**
- Temporary relief through food parcels
 - Joining or starting poverty alleviation project e.g. beads, sewing

- Quality Requirements**
- Must be an SA citizen
 - Must be resident in SA at time of application
 - Male must be 65 years or older
 - Female must be 60 years or older
 - Spouse must comply with a means test
 - Must not be cared for in a state institution

- Must not be in receipt of any other support grant
- Must submit a digit bar coded ID

Delegate Evaluation and Feedback

- Other themes that came out of the workshop**
- More effective fraud management of grants is needed
 - Need for review of both permanent and temporary grants
 - What will you do differently in your work as a result of sitting in the short workshop?
 - Promote integration and use the comprehensive services that SASSA and the government are providing.
 - Encourage those with problems and refer them to the local SASSA

- Would you like to make any further comments on this short workshop?**
- There is a need to engage with the justice department

- What were the key messages and recommendations made in this short workshop?**
- SASSA need to employ their own social workers
 - Delegates must engage with and know what is happening in our communities
 - Civil Society needs to change its mindset when it comes to community involvement activities. There is too much focus on the issue of money rather than addressing the issues affecting the lives of the community.

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB			X	XXXX
Improving coordination and cooperation with increased networking			XX	XXX
Provincial auditing and mapping of services being rendered in Limpopo		X	XX	XX
Sharing best practice, making the links, setting standards and minimum criteria for service delivery				XXXXX
Identifying gaps and creative developmental responses that require future support and finance				XXXXX
Promoting district coordination and multi sector HIV & AIDS strategies at local level			XXX	XX

Number of delegates: 20

CARE uses a structured framework to approach their work which includes a situational analysis. In Limpopo, CARE have done situational analysis in the Sekhukhune area to establish the gaps in support offered to orphans and vulnerable children. In each situation, CARE found that there was a high percentage of sick caregivers in the households, much poverty, limited household assets, and poor access to food, school fees, uniforms, sanitation and transport.

- The younger group say that they need food, water, school fees and uniforms
- Burden of care, seeking medical assistance for family members
- People want to be more involved in the structure and community mobilisation initiatives.

- Awareness, advocacy, mobilisation for a support environment
- Strengthen capacity of families to care for OVCs by prolonging the lives of caregivers through providing economic support, psycho social and other support
- Access to essential services in particular education, health, birth registration and other services
- Mobilise, capacitate and support community based responses

- Voluntary Savings and Loans (VS & L) - uses human and financial resources existing in the community. It is closely linked to the enterprise development. Seeks to reduce the debts burdens of the poor by building financial and economic security of members
- Methodology: loan terms, amount depends on the size of the group. Members borrow some varying amounts based on need. Not all members borrow every month. Loan cycle is one month interest rates are changed for every loan. Loans are used for both productive and social savings.

- CARE is working on upscaling enterprises training to VS and L to caregivers and working closely and with enterprise groups that use survivalist activities
- Strengthening the social support network side of VS and L
- Introduce the economic security aspect to the child headed household
- Developing a long term focus for VS and L allowing evolution of VS and L to be more than an economic survival strategy recognising the potential of VS and L as a base for economic empowerment

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally	Comments
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB	XX		XXX		
Improving coordination and cooperation with increased networking			XXX	XX	
Provincial auditing and mapping of services being rendered in Limpopo		XX	XX		
Sharing best practice, making the links, setting standards and minimum criteria for service delivery		XX	XX	X	
Identifying gaps and creative developmental responses that require future support and finance		X		XXXX	Money needed for start-ups
Promoting district coordination and multi sector HIV & AIDS strategies at local level	XXX		XX		

<p style="text-align: center;">Physical Needs</p> <ul style="list-style-type: none"> • Establishing Communal Gardens • Income Generation Activities for community guardians, caregivers and older children • Collecting or making clothing for children • Teaching orphans how to look after themselves, brothers and sisters (cooking, cleaning and child-care) 	<p style="text-align: center;">Emotional Needs</p> <ul style="list-style-type: none"> • Raising community awareness to support the emotional needs of children • Forming support groups for guardians (Especially children heading households) • Encouraging children to collect items to remind children of their deceased (or sick) parents – Memory Box programs
<p style="text-align: center;">Social Needs</p> <ul style="list-style-type: none"> • Encouraging and support activities outside of school (sports, art and socialising) • Spending time with orphans and children with difficult lives – or helping them to cope with various daily chores • Forming support and play groups for children (kids clubs, youth clubs and drop-in centers) • Training community aunty and uncles on educating on how to socialise & prevent HIV infection. 	<p style="text-align: center;">Spiritual Needs</p> <ul style="list-style-type: none"> • Praying with children • Inviting children to participate in religious activities (youth groups, prayer meetings etc) • Religious counselling with a message of hope for the future (Group Therapy) • Encouraging religious groups to participate in activities that support children (church, soccer teams)
<p style="text-align: center;"><u>Intellectual Needs</u></p> <ul style="list-style-type: none"> • Setting up homework clubs (Parents and community volunteers helping with home work) • Helping children remain in school 	

We brainstormed the practical skills necessary working with children e.g. what needs children have, how to identify children in need, and practical suggestions to address the needs identified. These solutions will be different from child to child and community to community. Teamwork and networking to support OVC.

The participant's understanding of the needs of children was limited to just physical needs. After the workshop they had their eyes opened to the needs of the whole child but seemed overwhelmed as to where to start first. The session gave an introduction but there was not enough time to go in-depth into the subject.

Being CBOs they were not sharing the information or skills that they had with other organisations. They realise they are working in isolation and that is not helpful, especially when dealing with children's needs. If they shared information they could reduce duplication of services and provide more specialised services to assist the children. Understanding this and actually taking a step forward to work together are 2 different things.

The workshop was an eye-opener to participants more looking at the needs of children and how by providing those needs you are actually providing psychosocial support to children. There was a realisation also that the most important needs of children do not need money to be met.

Let your "yes" be "yes"
and your "no" be "no".

Social Needs:

- Humans are also essentially social beings; they have to live among others
- Children need to feel that they belong in families, communities, that they form a part of a cultural group and a national group
- The basic need to feel that they belong gives them a sense of identity and belonging
- Children do not like to feel different from others
- Much of children's behaviour is learnt within social situations with parents, families, friends and community members

Cognitive Needs:

There are three main categories of cognitive needs:

- Formal education where we are taught from infancy what we need to know and then attend school to help us to survive within an industrialised society.
- Informal education when we learn by observing others, seeing what reactions others elicit, setting our own goals, dreams and ambitions, and learning what it takes to be a part of a particular community.
- General skills like life skills and general knowledge (for example a child may be given a bag of sugar beans but unless they know how to cook it and that the beans are a good source of protein, they may not know their value).

Spiritual Needs:

- It is through our belief in the Higher Being that we develop a sense of hope and a future.
- Being able to pray in times of hardship enables us to cope better. It gives us a sense of purpose and also enables us to think beyond the hardships of the present life circumstances to a life hereafter.
- When we will be rewarded for having done the right thing and been moral individuals.

The most important needs of children:

- Caring, consistent care from adults to love and teach them.
- Recognition and praise for their achievements, abilities and competencies. Praising a child is thousand times better than reprimanding them.
- Good role models to help them prepare for their adult lives and guide them through difficult periods (peer pressure).
- These needs can be met without using money but people just need to give their time, hearts, hands and ears to the children.

How to know when children need help:

There are many ways that you can tell if children need help:

- They don't get enough to eat
- They are often sick

- Sometimes they do not have school uniforms or school fees
- Maybe they cannot go to school
- They have to care for sick adults or brothers and sisters
- They have to do adult work
- Maybe they have to live on the streets
- They have to beg or sell themselves for food
- They live with stigma, discrimination and exploitation
- Sometimes they are treated badly by people around them
- They are often left alone
- Maybe they have a disability
- They are often very poor
- They may behave badly or differently

Circles of Support:

How to create circles of support. There are many organisations and groups of people that can help to raise a child, some of these people may be close to this child, and some may be far. They are like the circles of support around the child.

The First Circle of Support

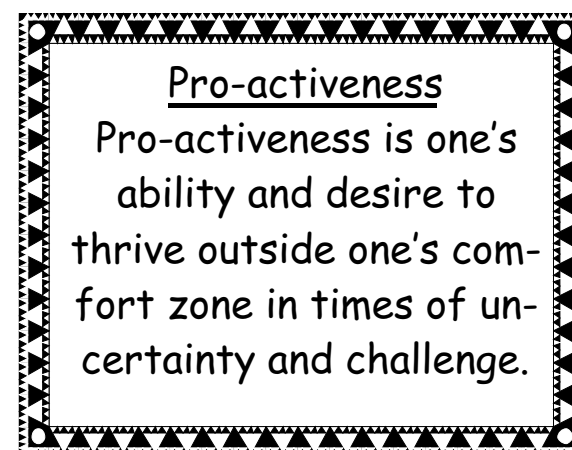
The First Circle of Support around the child is made up of the people closest to the child and include his or her own family, neighbours and friends. It is much better for children to be cared for in families than in institutions like orphanages. Helping a child often means helping the whole family as well

The Second Circle of Support

This circle comes from the community and is made up of community members closest to the child. You may decide to join or create this circle of support to help children in need in your community. This second circle can also provide help for the first circle of support.

The Third Circle of Support

The Third Circle of Support is made up of organisations and Government Services that provide specific support to children in need. They also want to help adults who are taking care of children in need, some of these organisations may be far from the child.



What were the key messages and recommendations made in this short workshop?

- Poverty alleviation methods: Don't teach people to eat fish but how to catch them
- It is better to stand up and pull up your socks if you plan to live in this world!
- Need more teaching on this
- Savings vital
- Teach people how to catch fish not just to eat them. Money must be made in the community to help to self-insure and serve

What will you do differently in your work as a result of sitting in the short workshop?

- Present a workshop on how to do the above
- Study and form groups to make money
- Encourage people to network and share experiences and plan together for future

Would you like to make any further comments on this short workshop?

- Notes/report on step by step how to provide for financial shocks.
- CARE needs to provide more information as it is helpful
- I need to spread message to Capricorn home-based carers
- Pamphlets to guide us with information needed.
- Well planned and great information (but technology poor)

Report on HIV in the Education Sector

Mr. Ngobeni, Department of Education

Mr Mandela says, "HIV & AIDS has killed more people than the total sum of people killed in war and we are continuing to lose the battle." There is need for greater participation for all sectors to move out and act against the scourge. More that 25% of people in South Africa will be infected with HIV by 2010.

There is an increase in educators who are HIV positive living in our province. Currently there are over 25,000 orphans in Limpopo due to one or more parents dying from AIDS. In response a clear policy should be created for teachers and learners within all schools through out the country.

The speaker emphasised that no condoms should be distributed in school and that abstinence should be stressed instead. Learners must be taught age specific life skills and sex education. As a Department of Education they have and will continue to train educators and school governing bodies on HIV and Life Skills. Regardless of this training most educators are shy / embarrassed due to cultural reasons to talk about their bodies and sex education.

Child headed families are common and often they need counselling. The Department of Education is not able to support this need. Therefore it invites all to come forward and assist.

We must not be irresponsible. When ill we tend to blame everyone but ourselves. We need to emphasise prevention, prevention, prevention!



Background

- ◆ 1998- Minister of Education identified the fight against HIV & AIDS as one of the department's priorities
- ◆ Birth- policy on HIV & AIDS in the education system
- ◆ 1997-1999 programmed piloted in greater Sekhukhune district
- ◆ 2000 conditional grant to implement the National Integrated Plan for children infected and affected by HIV & AIDS (DoH, DoSD, AGRIC)
- ◆ Life skills HIV & AIDS programme part of the NIP
- ◆ Programme has since been implemented in mainly public schools
- ◆ Children are a window of hope
- ◆ The programme is a curriculum intervention focusing on sexuality, HIV & AIDS education and the relevant life skills associated with these areas
- ◆ Located primarily in the life orientation learning area
- ◆ Cuts across curriculum: maths, economics, arts and culture

Aim

- ◆ Empower learners with life skills that will help prevent the spread of HIV
 - ◆ Holistic approach
- Focus- sexuality, substance abuse, peer pressure, child abuse assertiveness, gender issues, etc

Key objectives

- ◆ Advocacy (support, school participation)
- ◆ Training and development cascading model (curriculum)
- ◆ Peer education ensure that learners have skills, knowledge and attitudes regarding their sexuality and HIV & AIDS through participatory and experiential activities (supplement)
- ◆ Care and support ensure that learners who are infected and affected are taken care of.
- ◆ Discrimination and stigma
- ◆ Learning and teaching support material (LTSM) to provide relevant and appropriate LTSM
- ◆ Monitoring, support and evaluation give support to trained educators and schools in general
- ◆ Partnership to promote partnership with other departments, NGOs, CBOs, universities, etc

Achievements

- ◆ Advocacy parents, traditional leaders, traditional healers, managers
- ◆ LTSM
 1. Grade 1-9 educators and learners
 2. Parents booklets (HIV & AIDS in your school, Ubungani DoH)
 3. SGB training manual
 4. Master trainers manual
- ◆ Training and development-
 1. Trained 150 master trainers
 2. All primary schools trained (at least two educators per school, more than 15000)
- ◆ Training and development
 1. 50% senior phase educators trained (800 educators, 2 per school)
 2. About 1700 SGB and SMT members trained on the management of HIV in schools (policy and activity plan)
- ◆ Care and support
 1. Orphans and vulnerable children (OVC) survey (NSNP, no fee schools)
 2. School based support teams
 3. Basic counselling skills
 4. Plan: referral system, comprehensive model of care for OVC,
- ◆ Peer education
 1. Introduced PE programme in high schools (277 learners, 48 educators Mopani & Sekhukhune districts)
 2. Soul Buddyz (age 8-12)
 3. Competitions
- ◆ Monitoring, support and evaluation
 1. District officials M & S
 2. National evaluation life skills programme source of information for learners
- ◆ Partnerships 2004 first HIV & AIDS indaba in the education sector
- ◆ Wide range of stakeholders invited to participate
 1. Framework for managing HIV & AIDS in education
- ◆ **Challenges**
- ◆ Implementation of the programme in schools (plans not in place, policy, multi-grade teaching)
- ◆ Disclosure
- ◆ Strengthen partnership - mixed messages
- ◆ Support

Delegate Evaluation and Feedback

What were the key messages and recommendations made in this short workshop?

- How to improve our organisations networking and collaboration
- Mapping of NGO's and Health Department

- Introduce new members to our team from NGO and CBO
- Share information and networking with other organisations

What will you do differently in your work as a result of sitting in the short workshop?

- I will collaborate and network with other NGO's
- Knowledge and skills of the Department of Health and the district and support

Would you like to make any further comments on this short workshop?

- Facilitation was interesting and we want more
- Future plans for Waterberg district
- Information was clear and fruitful
- Presentation is very exciting. More information on Waterberg District

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS & TB				xxxxx
Improving coordination and cooperation with increased networking			xx	xxx
Provincial auditing and mapping of services being rendered in Limpopo			x	xxxx
Sharing best practice, making the links, setting standards and minimum criteria for service delivery			x	xxxx
Identifying gaps and creative developmental responses that require future support and finance				xxxx
Promoting district coordination and multi sector HIV & AIDS strategies at local level			x	xxxx

Psychosocial Support

Elizabeth Mabuza, CHoiCe Trust

Number of delegates: 40

Objectives of the workshop

- Providing psychosocial support to orphan and vulnerable children
- Meeting the needs of children
- Formation of circles of support and getting involved

(representing unmet needs) would cause the child to start malfunctioning the wheel would not be able to turn.

Outline of the workshop

What is Psychosocial Support?

Psychosocial Support involves meeting the five key needs of children which when holistically met, promote positive development of children and therefore well being. These include social, spiritual, physical, emotional and mental needs.

Psychosocial support is offered to children living in vulnerable circumstances to enable them to feel cared for, accepted and part of a social group.

Children's Needs:

Children's needs can be represented by a wheel, as all are equally important and any missing segment

Physical Needs:

Children have many physical needs which include material/financial needs for clothing, shelter, school related expenses, basic survival needs such as food, inoculations, health care and hygiene.

Emotional Needs:

- Children need to love and be loved, to accept and be accepted
- They need to be able to appropriately trust themselves, others and the world around them
- Children need to be heard, to speak to others and to feel they count as individuals
- Children need to have security, encouragement, and recognition from others, self confidence and a positive self esteem
- They need to be listened to and to be understood before they can understand.

Improved Collaboration in the Waterberg district
Mrs Dolo, Department of Health and Social Development
Waterberg District HIV & AIDS co-ordinator
 Number of Delegates: 10

- Ground rules
- Expectations
- Demography
- Definition of terms
- Networking structure
- How to improve networking
- Improving
- Challenges
- Future Plans

- 6 Municipalities
- 8 Hospitals
- 47 Clinics and mobile points
- 23 Funded NGOs,
- 1 High transmitted area (HTA) and
- 1 PLWA

- Health facilities
- Social Development
- Social security
- Municipalities
- Other government sectors
- NGO,CBO,FBO
- Traditional Leaders, Healers
- Business sectors
- Mines
- Business sectors

- Weekly reporting carers
- Monthly CBO Forum meetings Municipality
- Quarterly CBO meetings-District
- Sharing experiences
- Monthly carers debriefing session

- Ancillary training led to shortage of carers
 - ✓ Waterberg has a big number of caregivers currently receiving Accredited Training on Ancillary Health Care Work
 - ✓ Training leads to some carers not available when on training
- Limited Kits
 - ✓ Carers get a small supply of stock to use for the patients e.g. disposable nappies.
- Refilling kits

- ## FUTURE PLANS

- ## COMMITMENT MADE TO TURNING THE TIDE ON HIV & AIDS

- ## OTHER THEMES THAT CAME OUT OF THE COMMISSION

- ## GENERAL COMMENTS

Conclusion

- If opportunity does not knock,
build a door.



Successful Peer Education Programmes

Ms Mulao Tshinganga, Centre for Positive Care

Ms Mulao Tshinganga, Centre for Positive Care

CPC Background

- ### CPC Programs Focus on three core programme areas

- ## Peer Education Program

- ✓ Inthuseng
- ✓ Nzhelele
- ✓ Tshenzhelani
- ✓ Taaibosch
- ✓ Doreen Farm
- ✓ Weipe Farms etc.

- ❖ Sustainable Behaviour Change for high risk groups
 - ✓ Partner reduction
 - ✓ Partner faithfulness
 - ✓ Consistent and correct condom use
 - ✓ Seeking early testing and treatment

- ❖ Identification of stakeholders
- ❖ Meeting with potential stakeholders
- ❖ Buy- in of project by stakeholders
- ❖ General community meetings for mobilisation and marketing of services
- ❖ Community sensitisation

- ❖ Identification and assessment of site through Baseline Survey
- ❖ Establishment of project in partnership with communities
- ❖ Recruitment of community based Volunteers
- ❖ Work closely with local stakeholders
- ❖ Form partnerships with other NGOs and institutions
- ❖ Use participatory approaches i.e Role Plays, Songs and Dramas

- ❖ Using an existing map and communicating with community members mapping is done to
 - ✓ Learn about the coverage area
 - ✓ To estimate the approximate size and boundaries
 - ✓ The sub-divisions in the coverage area
 - ✓ Potential for intervention
 - ✓ Identification of health , education , social and NGO services

- ✓ The visible social and sexual culture in the coverage area
- ✓ Major stable and mobile target groups

Selection and Recruitment

- ❖ Communication with community
- ❖ Snowball
- ❖ Targeting individuals who reside within the coverage area

❖Technical support and Mentoring

- ❖ Intensive training for site-coordinators
- ❖ Initial training for volunteers
 - ✓ Health and Hygiene
 - ✓ Reproductive health
 - ✓ Participatory approaches
 - ✓ STI, HIV & AIDS
 - ✓ VCT, PMTCT and ARV
 - ✓ Monitoring tools and reporting systems
- ❖ Ongoing training for volunteers
 - ✓ Reinforcement of the initial training
 - ✓ Addressing issues arising from the community
- ❖ Refreshers training

Partnerships

- ❖ Potential partners are identified and approached
- ❖ Local municipalities
- ❖ Government Departments within the coverage areas
- ❖ Farming communities
- ❖ Corporations and interested individuals
- ❖ Traditional leadership
- ❖ Civic Structures
- ❖ Informal and small business

Main Activities

- ❖ Participatory outreach activities
- ❖ Male and Female condom distribution
- ❖ Referrals for STIs

- ❖ Multi-media campaigns
- ❖ Setting-up of multi-purpose resource centre at the border
- ❖ Close linkages with other partners for referrals.

Target Groups

- ❖ Low-income vulnerable women
- ❖ Female sex workers
- ❖ Truck drivers
- ❖ Farm workers
- ❖ Migrant laborers
- ❖ Traders/Business community
- ❖ Uniformed services

Musina Project (Example)

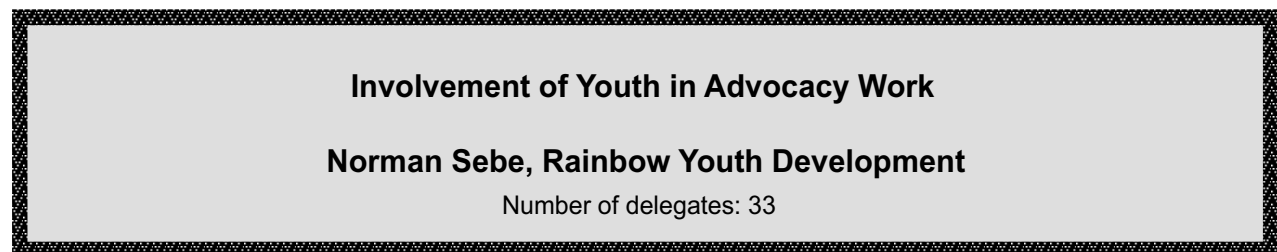
- ❖ First project started under peer education in a high transmission area
- ❖ Main project site because of geographical location and number of mobile population
- ❖ 3,000 truckers passing through border monthly
- ❖ High number of female sex workers, low income vulnerable women and migrant workers
- ❖ Entry point for most migrants from Zimbabwe

Baseline and Follow-up Surveys

- ❖ Baseline survey conducted from 1999
 - ✓ Assess knowledge of STIs, HIV & AIDS
 - ✓ Gather information on sexual relations
 - ✓ Collect data on condom usage
 - ✓ Know the existing stakeholders
 - ✓ Establish baseline information
- ❖ Follow-up survey done in Musina- August 2005 and final evaluation in March 2006
 - ✓ Feedback on project outcomes and successes April 2006

Monitoring and Evaluation

- ❖ Data collection is done using project monitoring tools
- ❖ Data capturing, analysis, reporting and filing
- ❖ Evaluation is also done after every 3 years



When I give food to the poor they call me a saint.
When I ask why the poor have no food, they call me a communist.”
- Helder Camara

Background/ History:

Advocacy was initiated to create the platform for the society and organisations to identify public and professional policy matters so that organisational leaders should be heard and to provide support and staffing for a wide range of tactics to make certain communication occurs in a timely fashion.

Definition:

- The act of pleading, forceful persuading or arguing for something, such as a cause, idea or a policy. e.g. When Rainbow Youth Development persuaded the police to stop harassing the Commercial Sex Workers

3. What structure can we work with?

- FBC/CBO civics
- Municipality
- Clinics
- Traditional leaders
- Community Police Forum
- Home Affairs
- Business Forums
- Victim Empowerment
- Traditional Healers

Current challenges

- NGOs are working in isolation
- Mushrooming of NGOs
- New existence of NGOs
- Duplication
- Competition amongst NGOs
- Lack of the information within the NGOs
- Existence of NGOs which is not in relation to the disease profile in some areas

Commitments made on turning the tide on HIV & AIDS

All the delegates promised that they will take the

information back to their community and see how they can make a plan on how they can create a strong network with DoH and all other stake holders.

Other themes that came out of the workshop

- Asking about the training e.g. HBC 59 days
- The selection methods and the criteria
- Wanted to know if they cover all NGOs
- Mapping of all stake holders
- District Forum

Future plans

- District forum meeting should continue
- Mapping our NGO for the whole district
- Continue with carer debriefing
- Forum should be established at local areas

In conclusion NETWORKING should continue and strengthened in order to improve and enhance team spirit and to enhance partnerships towards HIV & AIDS programmes in Vhembe District.

Delegate Evaluation and Feedback

Practical solutions and recommendations for the future

- Continue to hold District forum meeting
- Mapping their own NGO's for the whole district
- Continue with care debriefing course covering all NGOS
- Forum should also be established at local area
- Holding General annual conference.
- Establishing a good relationship within organization.
- Conducting workshops with stakeholders

What were the key messages and recommendations made in this short workshop?

- Networking
- Improving services
- Help each other in order to reduce and make an end

- to HIV & AIDS and TB
- Challenges due to improper networking

What will you do differently in your work as a result of sitting in the short workshop?

- Improving networking
- Improving communication and sharing information with my co-members

Would you like to make any further comments on this short workshop?

- Resources and facilitation need to be delivered in relevant areas
- Problem that some organisations are not willing to network

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS & TB			X	XX
Improving coordination and cooperation with increased networking			XX	X
Provincial auditing and mapping of services being rendered in Limpopo			X	X
Sharing best practice, making the links, setting standards and minimum criteria for service delivery			XX	X
Identifying gaps and creative developmental responses that require future support and finance			XXX	
Promoting district coordination and multi sector HIV & AIDS strategies at local level				XXX

What were the key messages and recommendations made in this short workshop?

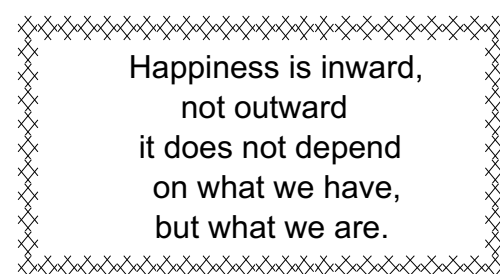
- Improve networking and collaboration of NGOs and districts
- Partnership, identification of sector
- Compliance and poor reporting of the organisations
- Sharing different ideas
- Is to network and collaborate

What will you do differently in your work as a result of sitting in the short workshop?

- Ability to do work and productivity in our district
- Making sure that we are going to start networking
- To get more training differently to achieve our goals
- I will share the skill and information I obtained in the summit to my organisation
- To come up with strategies

Would you like to make any further comments on this short workshop?

- We need more attention and assistance
- I wanted to say this was very excellent, may you please make this summit annually
- Next summit provide booklet for information of workshop. Ask to you presents the sessions to provide material so that we could use the information at home.



Improved Networking and Collaboration in the Vhembe District

Mrs. Luvhengo, District HIV & AIDS Co-ordinator

Number of delegates: 32

Background

- Vhembe District consist of 4 municipalities with the total population of 1.2 million
- Number of NGO = 133, 58 are funded for HCBC
- All our NGO are linked to PHC for reporting, referral and kit refilling

Reporting

- All our NGO are linked to the PHC facilities and they are reporting on monthly basis.
- Meeting on weekly basis with clinic nurses

Support

- Linked to the clinics
- Meeting with clinics on weekly basis
- Referral
- Kit refilling done according to need
- District forum meeting on quarterly basis in partnership with Vhembe District Municipality
- Municipality forum on monthly basis
- Carer debriefing per municipality bimonthly
- On-going support by the coordinator, sub district coordinators through visit
- Training on Ancillary & 59 days HCBC Modules

The vision for networking in this district includes

- Achieving working together
- Strong team work
- District team work

- How to work together, sharing information, support each other to avoid duplication
- How to bridge the gap of not networking
- Expect ongoing visits by the coordinator
- Sustainable quality service to our community
- Capacity building in terms of networking
- Sharing of resources in the district
- To have a plan on how are we going to strengthen our structure as Vhembe
- How to manage all our challenges as NGOs

Discussion

The session was presented using group work method. Each group was given one question to discuss and give feedback.

1. How are we going to improve networking and collaboration in Vhembe District?
 - support groups & sub -district forums
 - workshops with stakeholders
 - relationship between organisations & DoH
 - district summit
 - general annual conference
2. What challenges might we experience due to improper networking?
 - Working in isolation
 - Lack of information within the organisation
 - Language barrier
 - Ignorance/attitudes towards each other
 - Lack of support structure
 - Competition

Importance of Advocacy:

- It involves people affected by problems
- Influence decision makers. e.g. community leaders, government officials and government departments
- Increases access to safe and secure environment
- One voice from a mass seeking same victory
- Power to affect change around your issue

Importance of involving people affected by the problem:

- They will have knowledge of the problem or issue
- They can suggest workable solutions based on experience
- They can view a problem from a different perspective
- Affected individuals and groups will gain more skills and confidence

Some ways of advocating:

- Community phone-in during a Radio broadcast
- Inviting officials and authorities to the special occasions
- Using celebrities
- Demonstrating using drama, dances and songs

Levels of Advocacy:

- Local (Village, District and City)
- National (The whole country)
- International (More than one country)

Advocacy Framework:

- Select an issue or problem you want to address
- Analyse and gather information on the problem or issue
- Develop aims and objectives for your advocacy work
- Identify your targets
- Identify your allies
- Identify your resources
- Create an action plan
- Implement, monitor and evaluate

Guidelines for writing an advocacy case study:

- What was the problem?
- Who decided to advocate to address problem?
- What was the advocacy objective?
- Who did you advocate to?
- What method did you use?
- What difficulties did you face?
- What were the results of your advocacy?
- What did you learn from doing this advocacy?

Current Challenges:

- Lack of skills
- Organisations working in isolation
- Lack of financial support
- Lack of resources mobilisation and research skills
- Cultural barriers
- Fear of authorities
- Fear of losing funds
- Lack of trust
- What actions need to be taken by organisations to make a positive contribution?
- Cultural differences
- Lack of facilities
- Lack of approachable system
- Lack of commitment
- Pre-conceived ideas on a subject
- Lack of communication
- Sustainability. You cannot fight the hand that feeds you i.e. accept funding and then challenge the government. How does one work with this? An organisation can't depend on government only. Encourage sustainability. RYDO encourages income generation to ensure sustainability

References:

- www.theinnovationcentre.org.za
- www.jcics.org.za
- www.wigsat.org.za
- Oxfam Australia (Durban)

Commitments made on turning the tide on HIV & AIDS

Participants committed to taking the information to share with their organisations and apply to issues of HIV & AIDS

Other themes that emerged from the workshop

The importance of involving the affected group/people in the advocacy process

Practical solutions and recommendations for the future

- More networking
- Sharing information
- Increased community mobilisation

What were the key messages and recommendations made in this workshop?

- Advocacy
- Barriers
- Solutions
- Implementary approach
- Strategy to achieve positive results
- Involvement of youth and all the community structures and stake holders.
- Importance of networking in order to achieve goals

Delegate Evaluation and Feedback

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally	Comments
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB			XX	XXX	<ul style="list-style-type: none"> This was done excellently as participants are a mixture of experienced and funders who could impart joint solutions Participants shared experiences for benefit of all
Improving coordination and cooperation with increased networking			X	XXXX	<ul style="list-style-type: none"> Coordination & cooperation with increased networking was reached as we could witness what others were experiencing We have to engage all
Provincial auditing and mapping of services being rendered in Limpopo			X	XXXX	<ul style="list-style-type: none"> Members imparted knowledge Need to identify different organisation
Sharing best practice, making the links, setting standards and minimum criteria for service delivery			X	XXXX	
Identifying gaps and creative developmental responses that require future support and finance			XX	XXX	<ul style="list-style-type: none"> Realized that other NGO fail to advocate due to various challenges
Promoting district coordination and multi sector HIV & AIDS strategies at local level			X	XXXX	<ul style="list-style-type: none"> We have to involve all affected people

What will you do differently in your work as a result of sitting in the short workshop?

- Improve most of the services we are rendering, especially engaging CBO in our programmes
- I am going to develop and organized approach to our local traditional authority so they can fully understand any particular activity we initiate.
- I will network with others who did not attend that they also are part
- To make change in our society

Would you like to make any further comments on this short workshop?

- All was superb, I think I am so fulfilled
- This was informative and the facilitator had command of the matter
- It was excellent and thorough and I gained a lot

AT RISK AND OUT-OF-SCHOOL YOUTH: GETTING THEM INVOLVED

Ms Nomsa Manzini, Lovelife Centre Manager

No of delegates: 48

Session Outcomes

- Participants should understand out-of-school youth
- Get them involved in their projects or activities
- Create opportunities that can build the new generation
- Bridge the gap
- Committee for social change
- Find ways to reduce the drop out rate
- Help/assist youth out of school to set major goals and follow their path by being motivated in our organisations

Causes of Drop-Outs

- They cannot overcome the challenges they face at an early age
- Family problems
- Lack of interest in a positive lifestyle
- Wanting to belong in a certain culture/group of people

Improved Collaboration in the Sekhukhune District Mr. Calvin Senong, Department of Health District HIV & AIDS Coordinator

Number of delegates: 26

The purpose of the workshop was:

- To strengthen networking amongst the NPOs
- To guide NPOs about the importance of collaboration and networking

The workshop covered:

- Identification of networking sectors
- Mapping to avoid duplication of services
- Development of networking strategies

Background information

- Sekhukhune is deeply rural, declared the presidential nodal area with 5 local municipalities and a population of 1.2million
- Has 135 NPOs
- 79 recommended for funding but only 74 managed to provide relevant documentation
- 2 NPO lay counsellor programs
- 1 Youth (funded nationally) program
- 1 PEPFAR funded (Humana)
- The rest providing HCBC program

Reporting lines

- Ideally all NPOs are linked to health facilities one way or the other
- Referral to PHC facilities

Networking strategies in place

- Monthly meetings
- Quarterly forums
- Umbrella organisations per municipality
- District forums

Support

- Capacity building
- Kits refilling
- Debriefing on regular basis

Challenges

- Mushrooming
- Poor networking amongst themselves
- Poor reporting
- Non-compliance with Service Level Agreement & PFMA
- Less workload in relation to resources
- Lack of capacity despite all the workshops to provide capacity

Future plans to improve networking

Group work on the following:

- Identification of sectors/structures
- Mapping of Municipalities to avoid duplication of services
- Developing strategies to improve networking with identified sectors

Current challenges

- Lack of knowledge of sectors for networking by the delegates
- Poor reporting
- Mushrooming of CBOs
- Less workload in relation to resources
- Lack of capacity, despite all the workshops

Other themes that emerged

- The session should take place annually
- To have some declarations on issues related to service delivery improvement
- To allocate 30 minutes to give time for questions and clarification
- To invite all CBOs operating in the area

Practical solutions and recommendations for the future

- Use of web site as a means to improve networking
- Communication as a vital tool in networking

Delegate Evaluation and Feedback

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS & TB			XX	XX
Improving coordination and cooperation with increased networking			X	XXXX
Provincial auditing and mapping of services being rendered in Limpopo			XX	XXX
Sharing best practice, making the links, setting standards and minimum criteria for service delivery				XXXXXX
Identifying gaps and creative developmental responses that require future support and finance		X	X	XXX
Promoting district coordination and multi sector HIV & AIDS strategies at local level			XX	XXX

The sub-district forums should include	<ul style="list-style-type: none">o PLWAo Clinic health committee memberso Municipal managero SAPSo Provincial communication/community liaison officer (CLO)o PHC manager (quality assurance coordinator) trainer, mentor and coordinatoro Youth (Love Life)o FBO, NGO and CBOo Traditional healerso Traditional leaderso Church leaderso Business sectoro Ward counselloro Civil servants from the departments of Agriculture, Education, Social security, Home affairso Schools	<ul style="list-style-type: none">o Environmental health officerso Aged Forumo 3 hospitals
	Other themes that came out of the workshop <ul style="list-style-type: none">• What is collaboration<ul style="list-style-type: none">- Relationships- Community goals- Working together- Linking• Lack of collaboration will lead to failure• Barriers in communities in rural areas that affect collaboration• Importance of local structures for networking• Website of all service providers in specific sub-districts	
	Practical solutions and recommendations for the future <p>Launching of the sub-districts and district forum</p>	

Delegate Evaluation and Feedback				
To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS and TB			XX	XXX
Improving coordination and cooperation with increased networking				XXXXX
Provincial auditing and mapping of services being rendered in Limpopo	X		X	XX
Sharing best practice, making the links, setting standards and minimum criteria for service delivery			X	XXX
Identifying gaps and creative developmental responses that require future support and finance		X	X	XX
Promoting district coordination and multi sector HIV & AIDS strategies at local level			X	XXX

What were the key messages and recommendations made in this short workshop?

- Establishment of forums to improve networking and collaboration in communities
- Identifying gaps and coming up with plan of action in order to remove any barriers to enable services to communities
- To establish the common vision
- I recommended that we must get enough time for this commission because lots of ideas were left out
- That we should network and collaborate with other people
- We know how we want the subdistrict forums to look like
- Networking and collaboration
- Working together and establishing sub-district forums

What will you do differently in your work as a result of sitting in the short workshop?

- Expanding the campaign

- Finding or linking with others in care to improve-sharing of resources and information
- We are going to make sure that we reduce and strongly avoid duplication for effective service delivery
- Be able to network, work together, seek information and share with others what we do, where we are and future plans
- Network with other organisations
- Formulating partnership with other NGOs so to have collaborated even for campaigns
- Put everything in documents

Would you like to make any further comments on this short workshop?

- Everything went well
- The presentation was 100% informative
- This was a learning curve for everyone who attended
- I believe that most delegates have gained in this summit and commission

- o Not able to meet life 's expectations
- o Peer pressure
- o Financial background

Current Challenges:

- o Stay unemployed
- o Boys are easily tempted to get involved in crime
- o Girls are very vulnerable to getting infected with HIV & AIDS and teenage pregnancy
- o They settle for marriage at an early age for wrong reasons
- o They lose interest in youth development
- o End up doing negative things e.g. transactional sex, drugs & alcohol abuse, early sex, unsafe sex, sex with multiple partners

Recommendations:

- o NGOs, NPOs, CBOs, Churches and the government departments to create more opportunities for out-of-school youth
- o Have programmes that will help them physiologically
- o Promote school participation and partnership with our programmes
- o Encourage more back to school campaigns or programmes
- o Encourage youth entrepreneurship
- o Assist with natural talents
- o Encourage youth out-of-school forum
- o Learn how to learn
- o Finish what we have started

Commitments made on turning the tide on HIV & AIDS

- o LoveLife is ready to assist any organisation willing to initiate any youth programme
- o Other sectors also need to be involved e.g. Department of Social Development
- o Parents need to be introduced to this topic in order to raise awareness
- o Adults need to report misuse of grants by youth rather than watch and not take action
- o Youth lack information and support e.g. Access help from Umsobobvu

Other Themes That Came Out of the Commission:

- o Participants suggested to target campaigns at pay points in order to get attention of youth as they come for Child Care grants
- o Starting of Support Groups for youth
- o Youth be encouraged to register with ABET
- o Government is ready to support any youth programme and awareness

Purpose :
First say to yourself what you would be,
then do what you have to do. (Epictetus)

PRACTICAL SOLUTION NOT LOOKING AT PROBLEMS AGAIN

- o Encourage youth participation at different levels
- o Community involvement
- o Youth voluntarism
- o More government programmes to assist youth and the upcoming generation
- o Youth at school to set up measurable goals while at school
- o Mainline government programmes with our activities
- o Create a welcoming environment in our organisation for the youth
- o Accessibility of information

What action needs to be taken by organisations

- o Initiate partnership at all levels
- o Community mobilisation
- o Have collective data base of other organisation
- o Research on out-of-school youth
- o Create funky and full of life programmes in our organisation that can accommodate youth
- o Give a helping hand always

Conclusion:

- o A lot of questions were raised and experiences shared.
- o It was strongly emphasised that parents need to be ROLE MODELS
- o Research need to be conducted
- o Some NGOs voiced the lack of sponsors for youth
- o Lack of support by organisations
- o There is a need for Child Care Forums
- o Organisations need to mobilise the community
- o Organisations need to have creative programmes and should include fun to attract the youth
- o Have collective data base of other organisations.

Delegate Evaluation and Feedback

What were the key messages and recommendations made in this short workshop?

- Getting those thrown out of school involved in the prevention of HIV & AIDS
- Need to work harder to reach the youth: create awareness; promote school programmes; assist with natural talents
- Networking is the best solution

What will you do differently in your work as a result of sitting in the short workshop?

- Reach youth where they are and create role models for them so that they can be successful later

Would you like to make any further comments on this short workshop?

- I think the presentation was perfect and in line with the fighting against HIV & AIDS in our country
- Would have been helpful to know those who are very specific in the area of youth work

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally	Comments
Developing & sharing in a joint strategy & plan of action for the province in responding to HIV, AIDS & TB			X		
Improving coordination and cooperation with increased network-ing		X		X	
Provincial auditing and mapping of services being rendered in Limpopo	X				No mention of what or where things are happening
Sharing best practice, making the links, setting standards and minimum criteria for service delivery		X			
Identifying gaps and creative developmental responses that re-quire future support and finance			XX		
Promoting district coordination and multi sector HIV & AIDS strategies at local level			X		

Legal Background to Promoting Non-Discrimination and Reducing Stigma

Advocate Mabaso

Number of delegates: 70+

Legal Rights are rights that are laid down in law and can be defended in a country's court. Most but not all legal rights are written down. Sometimes legal rights are not regarded as moral rights by large numbers of people in a country e.g. when the law allows some people to discriminate against others because of sex, race, colour, language or religion.

Moral Rights are rights which are based on the general principles of Fairness and Justice. They are often, though not always, based on religious beliefs. A moral right may or may not be a legal right. A moral right which is not a legal right sometimes can't be defended in a Court of Law e.g. when a mother says to her child "you lied and I have a right to punish you", she is not basing her claim on the law of the land. She is appealing instead to the idea or moral right that people should always tell the truth.

Human Rights are universal moral rights. These are also called natural rights and they belong to people simply because they are human. They don't have to be earned, bought or inherited. People are equally entitled to them regardless of their sex, race, colour, language, nationality, origin, age, class or religious or political beliefs.

Promoting non-discrimination

The Constitution has a Bill of Rights, that lists all of and any other/right that all human beings have. The Bill of Rights is the foundation of our freedom.

Equity Clause

- One of the most important rights in the bill of rights is the right to equality.
- Equality means that everybody has the fundamental rights and freedoms that are listed in the Bill of Rights.

Health rights

- Healthy and Safe Environment
- Taking part in making decisions about treatment
- Basic Health Care at Government health facilities
- Privacy and Confidentiality

Rights at Work

- Labour Relations Act protects employees from unfair labour practise (e.g. worker is taken off certain duties due to his/her HIV status) and unfair dismissals

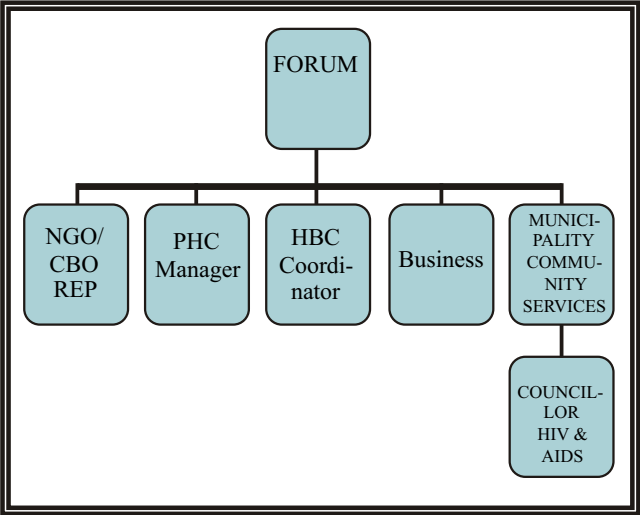
Employment Equity Act

- Aims at creating an environment of equality and non-discrimination in the work place.
- The Act says that no person may unfairly discriminate against an employee or job applicant in any employment policy or practise on the grounds of HIV status unless it is an inherent requirement of the job. Inherent Requirement e.g. of a fire fighter's job not to have a physical disability as they have to use physical strength to control heavy water pipes and run up and down ladders.

Tools for effectively networking

- FORUMS: For sharing the challenges, successes, resources and lessons learned to improve access to high quality care for underserved communities.
- FUNDING: Grant initiative that will address the holistic needs of underserved communities.
- EFFECTIVE GOVERNANCE: That will effectively address the challenges faced by organisations at community levels e.g. Board of Directors, Sub-District Forums, Umbrella Body
- DOCUMENTING BEST PRACTICES

Establishment of forums at local levels

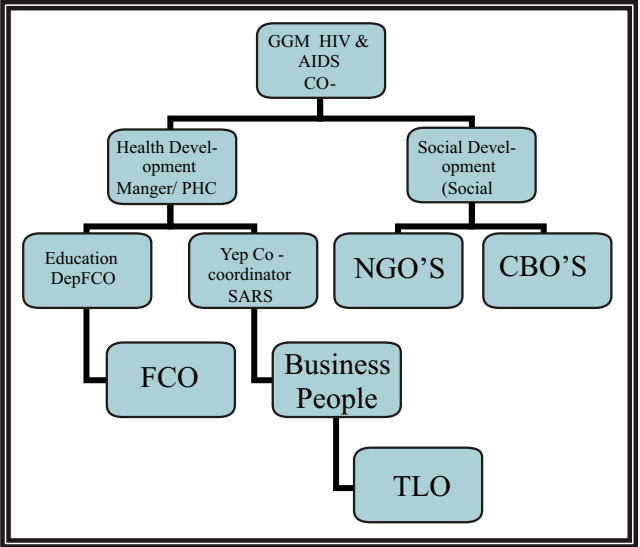


Maruleng district

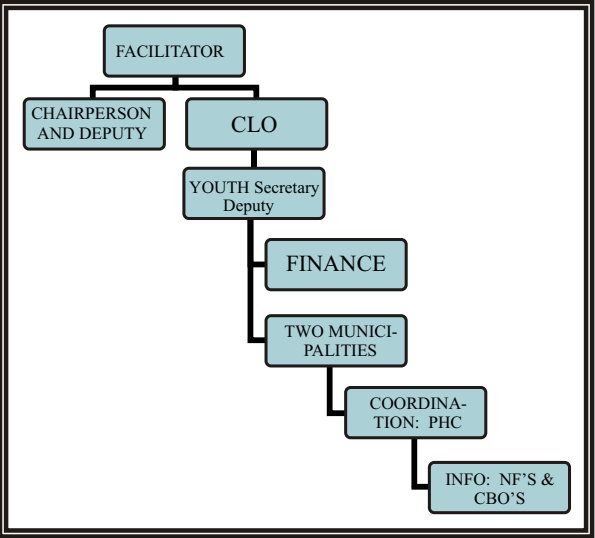
Stakeholders identification:

- Education dept.
Municipal manager
Taxi association
Plh a & carers rep
Traditional healers
Local leaders 1 x 3
Business people
2 administrators
Nutrition department
Orphans and vulnerable children
- Social dept
Home affairs
Agriculture
Finance
Pastor
SAPS
Health dept
NGO Director
PHC

Greater Giyani district



Greater Tzaneen district



- Municipal Manager
REP SAPS
Support Groups
Traditional Healers
Environmental Health
Counsellors Labour
Agric, Education
Social Security & Social Development
PHC Manager Quality, Good , Health , Info Official
- Business Forum
REP CLO's
Youth
L & H FBO
NGO' andCBO's
Aged Forum
Home Affairs

Greater Letaba district

- HIV CO-ORDINATORS - Lucy Rametse
- HIV DESK MUNICIPALITY - Sello Mononela
- TRADITIONAL LEADER - Modjadji Mashai Royal Kraal
- TRADITIONAL HEALER - Virginia Mashai
- BUSINESS SECTOR - John Mojela
- FAITH SECTOR - T K Simango
- NGOS SECTOR - Mr Van der Merwe

Current challenges

- Lack of networking and collaboration
- Empowerment of community as primary care givers
- Local AIDS councils not effective or not functioning
- Forums not functional in all the sub-districts
- Documentation of best practices

Commitments made on turning the tide on HIV & AIDS

- Acknowledgment of the fact that forums and partnerships will improve service delivery
- Networking barriers identified and strategies developed
- All sub-districts worked individually on a way forward on how to structure a forum in their local municipality and managed to come up with a structure for forums in their local municipalities.

To what extent did the conference meet its overall objectives?	Not at all	A little	Mostly	Totally	Comments
Developing and sharing in a joint strategy and plan of action for the province in responding to HIV, AIDS & TB			XX	XXX	This was an eye opening workshop and educative
Improving coordination and cooperation with increased networking			XXXX	X	I learned networking through networking
Provincial auditing and mapping of services being rendered in Limpopo			XXX	XX	Fairly alright. Needs to be repeated
Sharing best practice, making the links, setting standards and minimum criteria for service delivery		XX	XX	X	Needs to be repeated
Identifying gaps and creative developmental responses that require future support and finance			XX	XXX	This was excellent. Follow up by regional co-ordinators
Promoting district coordination and multi sector HIV & AIDS strategies at local level			XX	XXX	Well understood

- I will highlight the organisation members with every in-patient issue collected during the summit

Would you like to make any further comments on this short workshop?

- The information was good
➤ Facilitation made a good communication
➤ Information is alright about the commission
➤ we need to know about summit on how to join together and have quarterly or monthly or once a

- year meetings in the different districts
➤ My view is it is better to give manuals after every presentation. To take notes is not good because we left no information after the presentation. The purpose of the summit is to share information.
➤ Facilitators should teach in a way of giving participants the chance to participate not only to read them slides meanwhile some of the participants are dozing.

Improved Collaboration in the Mopani district

Ms Dorcas Hatlane, Department of Health and Social Development
HIV & AIDS Coordinator for Mopani district

Number of delegates: 66

Introduction

- Efforts to improve and sustain the quality of life in rural communities must include collaboration and networking among a broad spectrum of leaders in health and human services, government, education, business, faith community and economic development.
- The formal and informal leaders need to be identified early in the effort to build collaboration or network to ensure support, success, sustainability and a sense of ownership.
- The most important thing is that collaboration and networking are efforts to create opportunities for resource sharing and synergy.

Definitions

- COLLABORATION: The process by which people or organisations work together to accomplish a common mission.
- COMMUNITY: A specific group of people, often living in a defined geographical area, who share a common culture, values and norms.
- NETWORKING: The exchange of information or services among individuals, groups or institutions.

Frequently asked questions

- What are some benefits for rural organisations to collaborate and build networks?
- What are the barriers to collaboration in rural areas?
- What are some examples of successful rural collaborations and networking?
- What are your networking structures in your communities?
- How important is local leadership to successful collaboration and networking?



Delegates mapping the services in their district.

Rights of Women

- Women are seriously affected by HIV & AIDS. A large percentage of people living with HIV & AIDS are women. There are several reasons for the increased vulnerability of women.

Physical Reasons

- Having dry sex can lead to the vagina tearing and this can make it easier for HIV to enter the body.
- Rape, especially if it is violent can also increase the risk of getting HIV as the woman cannot make the rapist wear a condom.

Social and Economic Reasons

- Many women are financially dependent on their partners. It can be difficult for a woman to tell her partner to use a condom because of the fear of rejection.

Sexual Reasons

- Many men do not believe that women have the right to make decisions about their bodies and when to have sex which makes it difficult for women to be assertive about sex and to demand safer sex.
- Many women do not know that they have a right to refuse to have sex with their husbands.
- Many women don't know that if they don't agree to have sex with their husbands and are forced that their husbands can be charged with rape.

To help with gender equality, a commission on Gender Equality has been set up which acts as a watchdog to make sure that women are not discriminated against. The South African Human Rights Commission was also set up under the Constitution to help people who have been discriminated against.

■ The Rights of Gay, Lesbian, Bisexual and Transgendered Communities

- The gay, lesbian, bisexual and transgender communities have faced much blame, discrimination and prejudice in relation to HIV & AIDS.
- HIV was first discovered among gay man in the USA
- For many people homosexuality was always seen as a sin, crime or disease.
- Over the years people have been executed and sent to jail, others have lost jobs, homes, education, children and even families because same-sex relations were historically often seen as sinful, criminal and pathological.
- The Equality clause in the Bill of Rights makes our Constitution the first in the world to give rights to lesbians and gay men by making it against the law to unfairly discriminate against someone because of their sexual orientation.

Why are Children's Rights Important?

- 1 Discrimination and abuse faced by children
 - Children are often tested for HIV without their consent or consent of the parents or guardians.
 - Young boys and girls are denied access to adequate sexuality education and sexual health care services.
 - Children orphaned by AIDs can struggle to find care-givers
 - Children living with HIV or AIDS are sometimes denied access to pre-schools.
- 2 The Constitution also recognises that children need special protection. The Constitution sets out the special rights of children
 - Family care and parental care
 - Basic health care services
 - To be protected from abuse or bad treatment that ignores their needs
 - To be protected from child labour
- 3 Best interest of the child
 - Whenever a person does something that concerns and affects a child, it must be done in the best interest of the child.

Other themes that came out of the workshop

Moral right of nurse or doctor in small community, to break their confidentiality promise and to advise the sexual partner of HIV positive person - who they know has not discussed their status or taken precautions to protect their new partner - to protect unaware partner.

In response to the above query (which was related to a specific known case at the University of Venda) question of assumptions that are made about why responsibility taken by HIV positive people should be under suspicion and that personal experience of delegates illustrates an honest approach and full responsibility is the norm.



Preparing the Food Garden.

Social Mobilisation and Community Response

Mopani District Municipality—Mr MT Maake

Critical Issues of Managing People

Programme Director, distinguished guests, delegates from various organisations, ladies and gentlemen, good morning!

Firstly let me take this opportunity to thank the organisers of this event for inviting me to share with you our experience, expectations and hope around the issues on the agenda for this occasion. As a point of departure, let me share with this gathering the vision of my organisation Mopani District Municipality: “To be the food basket of Southern Africa and a Tourism destination of choice”. You will all agree with me that to achieve this vision, you need people so much and hence the critical importance of this gathering of us as a municipality.

Before we can go further, let me take this opportunity to share with colleagues some important statistical information. In terms of the population size, we have a total population of 1,223,747 people which is higher than the population of any other of the provinces in the country. It must be clearly noted that we are a rural district municipality and you will agree with me that the status and nature of a rural area goes with poverty, high illiteracy levels and high unemployment rate. In terms of the unemployment figures, we have 23% of the population with no formal education, unemployment at 51.8%, 27% have secondary education, 36% primary education and 7% tertiary education. All this statistical information needs to be read and understood with great caution.

In terms of the latest findings with regard to the infection rate, our district has been found to have a high infection rate compared to the rest of the districts within our province. The current statistic shows that the infection rate in Mopani District is at 29.8% while the lowest has an infection rate of 13.9%. This is a matter of great concern to us as a district and we are working together with a number of stakeholders to try and bring the situation under control. We also would like to congratulate the efforts of government in their contribution towards achieving the millennium goals in this regard. In 2001, the UN Member States came with a declaration of commitment on HIV & AIDS and the Millennium Development goals and in particular the goal to halt and begin to reverse the spread of AIDS by 2015. This is also reconfirmed by our government through the strategic plan on HIV wherein the major target is to halve the new infections by 2011.

As Mopani District, we would like to appreciate the efforts by many of you gathered here today. Your contribution in fighting this epidemic cannot go unnoticed. As we speak, in the district we have more than thirty four Home Based Care organisations across all our local municipalities. What must be noted is that most of these institutions are without funding but they are doing their best in contributing towards the Millennium Development Goals.

While we have noted with appreciation the efforts by the various institutions, we cannot ignore the many challenges that we are facing. It is very clear to everyone present that the population size of the district is placing various structures under enormous pressure when it comes to dealing with the social needs of society. For a population as big as ours, you need more than enough resources in order to cope with the realities of life. On the other hand, the rural nature of our district also poses many challenges wherein with the high unemployment rate, people end up engaging in activities that place their lives at risk. At the same time, society has abdicated its responsibility when it comes to parenthood. During the old days, somebody's child was also my child and whenever seen doing something wrong immediate correction measures were taken. Nowadays, we have a do not care attitude. We go in as far as passing remarks such as, “After all it is not my child” and other such kind of comments.

If we want to achieve all our goals, we have to change our attitude towards the epidemic. We need to be aware that we are all affected and therefore it is important for us to embrace the three principles of responsibility, respect and determination.

Ladies and gentlemen you will agree with me that for the targets to be realised, we need a coordinated effort wherein every one of us has a critical role to play. This is also confirmed by Premier Sello Moloto in his state of the Province Address when he said, “If our ABC message does not sink within the national psyche of our people, government's efforts will definitely come to naught.” The time is no more for us to pointing fingers at one another, least the enemy being the epidemic will capitalise on our differences but we need to put our hands together.

I thank you!

Improved Collaboration in Capricorn District Mrs. Maphuthi Semenya—Department of Health District HIV & AIDS Coordinator

Number of delegates: 75

The purpose of the workshop was to:

- Promote district coordination and networking
- Identify gaps
- Share practices
- Set standards and criteria for delivery
- To map services rendered
- To sustain the NGOs

➤ A presentation was given on networking and collaboration. The following were covered:

- Definitions
- Demographics of Capricorn (5 municipalities, 8 hospitals, 82 clinics, 54 funded NGOs, 149 volunteers on stipends, 21 support groups)
- Objectives
- How to improve networking and networking structures
- Challenges
- Way forward
- Group discussions were done and were effective

Networking is working together with other organisations

- Exchanging information
- Achieving a common goal
- Sharing services around a community to avoid duplication

Structures to network with include:

- DoH
- DoSD
- Ward councillors
- Department of Agriculture
- Department of Education
- Traditional leaders
- Traditional healer
- Business
- FBO, NGO, CBO
- Public works
- Donors (national and provincial)
- Home Affairs

Current challenges

- Sharing amongst NGOs and CBOs some are not willing to work with othe NGO's
- Sustainability of NGOs
- Delegates did not want to work in groups saying the time is too short to finish in time
- Large group, small space, laptop with some challenges

Commitments made on turning the tide on HIV & AIDS

- To improve networking in all municipalities which must be realistic and implemented
- To network with all sectors

Other themes that came out of the workshop:

- Presenters to prepare their presentations and have material for participants to report

Practical solutions and recommendations for the future:

- How to improve networking in Capricorn
- Structures for networking
- More time to be given to workshops for participants to participate, especially on the last day as there were issues left behind

Delegate Evaluation and Feedback

What were the key messages and recommendations made in this short workshop?

- I appreciate all the sessions and I would like to be changed to winter season because the place is very hot
- The key messages and recommendation is that it is nice to be here
- The recommendation and messages made in this commission is to encourage all of us to know about HIV, AIDS, TB orphans and to work hard and care for the client
- To share networking with all the province
- To provide coordination to all the organisations
- Networking, mapping, HIV & AIDS collaboration

What will you do differently in your work as a result of sitting in the short workshop?

- By improving everything I do in my work
- Where I was having some gaps
- Networking in my work is a different thing than my seen this day
- I will call meeting to discuss about what I have learned in practical and theory tell them about everything and give them the handout so that they will improve on what I have learned.
- I think we are going to work hard than before
- I gained something different on this summit: we are going to close the gap where we left something
- I will apply the knowledge gained especially in networking

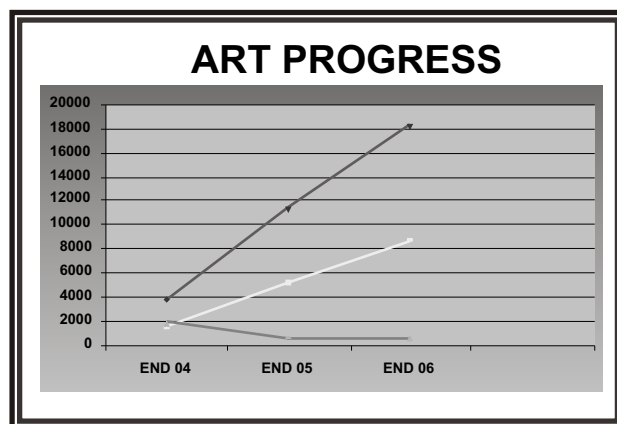
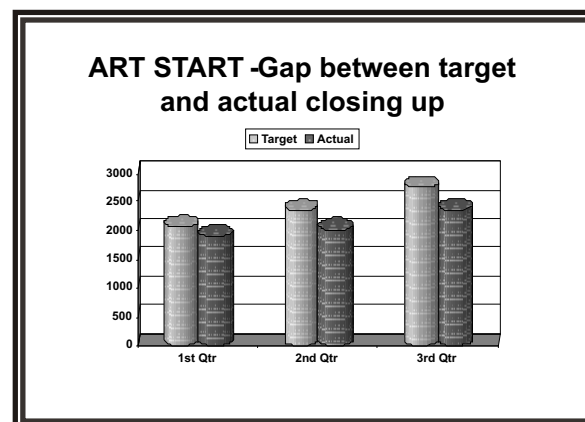
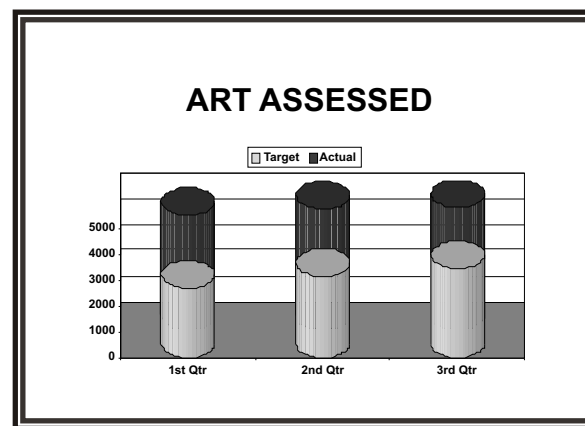
- Core staff
- Referral and follow-up strategy
- HR &HRD
- Drugs- drug literacy & drug adherence
- Effective NHLS -TAT
- Nutritional supplements
- Communication strategy - social mobilisation
- Data management
- Interacting with all stake holders
- Strong support group

CRITERIA FOR ONE TO BE PUT ON TREATMENT

- Stage 4 according to WHO irrespective of CD4 count test
- CD4 count less than 200
- Psycho-social stability (not exclusive)- not depressed
 - not mentally ill
 - not having family problems
 - having a confidant
- Willing and ready
- Assessed by a medical team

CHALLENGES

- System, strategic challenges we are on top of them at all levels Province, Directorate and Districts etc



- **CORE CHALLENGES**
- HIV & AIDS stigma
- Customs and beliefs
- Attitude /Myth
- Poverty
- Withdrawal of disability grant when CD4 count improves
- HR: recruitment and retention
- Use of condom



Delegate signing the Masibambisane Quilt

Social Capital and Community Mobilisation: the Role of NGOs and CBOs

Mr. Phuti Seloba, Department of Health and Social Development

The World Bank defines social capital as the institutions, relationships and norms that shape the quality and quantity of the society's social intervention. Social capital is not defined in terms of the number of institutions which underpins the society, but is to a larger extent more about what brings and holds them together.

Cohen and Prusak believe that social capital consists of the stock of active connections amongst people i.e. we need to build and strengthen trust amongst ourselves as institutions and organisations, our ability to develop mutual understanding and shared values: meaning that we don't need to be that proud about our petty differences and that our focus should remain on the main objective. We can't begin to talk about social capital if we don't even know what binds us together.

The basic premise is that interaction enables people to build communities, to commit themselves to each other, and knit the social fabric. A sense of belonging and the concrete experience of social networks bring great benefits to the people.

I know it's very difficult for us to build that trust amongst ourselves. Organisations and institutions do not see themselves as a network but view each other as competition. We are normally driven by the fear of the unknown. Most of us don't even trust ourselves. We aren't convinced that what we are doing is achievable.

One of our renowned writers, Normal Nel in one of his books narrate a story about a fellow who couldn't help thinking of a dignified, carefully groomed man who was walking along the side of a lake. There was no wind and the water was so clear that one could see right down to the bottom. This fellow, however, sees only his own reflection and it doesn't even occur to him to look beyond it. Because he just sees that highly interesting reflection, he thinks that what he sees just confirms what he has always known. What the man could not understand is that his own reflection is the one that prevents him from seeing into the depths.

We might think that there is something wrong with this fellow, but the bottom line is that there is no profession or line of business in which we do not tend to want our own views upheld. Most people only believe in themselves and also want everyone to believe in them also. We don't want to accept that people might also have their own position and that such a situation necessitates dialogue. This will enable us to know the type of people with

whom we are building a relationship. As NGOs and CBOs, we have to look deeply into things, plumb the depths and sound out all the information. It's very important for us to understand that the organisations and institutions that should be on the forefront when talking about social capital are our NGOs and CBOs. It is my belief that all of us need to work hand in hand in order to inspire the sector of our society to do better. It is my view that it is role of the community to mobilise and work together to build a better tomorrow.

The NGOs and CBOs are better placed to deal with issues around social capital and to open dedicated and focused developmental dialogue. I believe that all of us would like to know what is frightening us. It is our challenge as community based organisations to live up to our own creation. Our mobilisation of communities should not only be project driven. We should continue to make sure our people move forward.

It is a challenge to NGOs and CBOs to ensure that communities are organised around understanding various opportunities that exist for them and that those who had opportunities are encouraged to grow.

What would you work harder for, keeping someone from stealing R100,000 that was saved over the last five years of acting or an opportunity to save another R100,000 in the next five years? Most of us fear loss more strongly than they desire gain. It will be a terrible mistake if we can't move forward to increase our gains because we are afraid of attempting to gain more ground.

The NGOs and CBOs should continue hard work in mobilising communities regardless of funding. This will assist a lot of people to informed choices and decisions about themselves. NGOs and CBOs agenda must never allow itself to be funding driven, because most funders might not see things the way community sees them. If we really need to develop our communities, we have to make sure that our committees are always ready about areas that would want to be funded.

If we are to deal with issues of sustainability we have to make sure that people get funding on their projects of choice and not on what we think they want. By so doing we will have positioned our people for positive development. We tend to have situations where NGOs and CBOs exist for funding. We need to make sure that we don't operate like businesses because our objectives should never be the same as a business.

In a situation where we find ourselves being the same, it would mean there is something wrong with us.

As NGO and CBO we must always be mindful of the reasons for our own existence. By doing this we will remain focused on development, thus being in a better position to direct government service delivery. We need to develop a powerful programme that will enable us to deal with scepticism and make sure the road map ahead is clear.

We need to accept that it is our responsibility to mobilise the community towards positive change. We are the people who understand cultures, hardships and challenges that the communities we are in face. Since we are always there we know the problem, so let us rise up and assist them to deal with such problems.

- Districts and institutions within health and outside health also conduct campaigns
- Interacting with other departments on monthly basis
- Educational materials distributed to all institutions, other sectors

- Mind set channel available in more than 15 hospitals in our Province
- VCT & PMTCT programmes are offered in all health institutions
- HTA (Previously known as Commercial Sex Worker Programme). We have increased intervention sites from 36 to 40. Planning to have more sites in the 2007/8 financial year
- PEP: Hospital coverage 89% and client management above target of 370 (984)/quarter. We have partnership with NGOs, TVEP, FAMSA and Correctional Services implementing the programme
- STI and condom logistic
 - All health facilities manage STIs and all hospitals treat complicated STIs
 - STI infection rate has gone down 1.7 in 2003 to 1.1 in 2005
 - We have doubled female condom distribution rate
 - Current financial year, STI campaigns vigorously done. All Districts covered in partnership with Municipality and Traditional Leaders

Overview of the Provincial Integrated HIV & AIDS Plan: Progress & Challenges

Eva Kobola, Department of Health & Social Welfare

BACKGROUND

- The coordinated public policy response to HIV & AIDS date back to 1992 with the formation of different committees
- Remember this was not the start but a review of areas for substantial strengthening of improvement in HIV & AIDS management
- We all know that the Government launched its 5 years strategic plan for HAST in 2000 and Limpopo is not an exception to that.
- The Comprehensive plan was adopted in 2003 to implement anti-retroviral treatment
- Limpopo Province participated end 2006 in the new strategic plan prevention of HIV is the corner stone of the draft plan for management HIV infection

THE STRATEGIC FOUR KEY AREAS IDENTIFIED FROM THE FRAME WORK

1. Prevention
2. Treatment, care and support
3. Research, Monitoring and HIV and STI Surveillance
4. Legal and Human rights

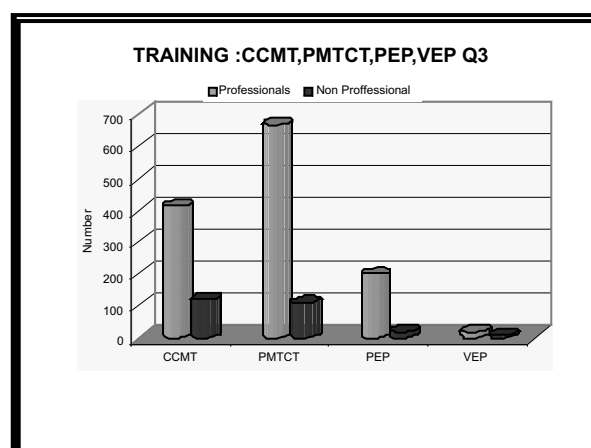
GUIDING PRINCIPLES IN IMPLEMENTING THE HAST INTEGRATED PLAN

- Quality of care
- HAST Directorate is ensuring that the highest quality of care is provided to the people of Limpopo Province, in line with international and local norms and standards.

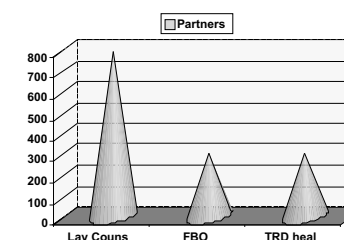
The scope of care encompasses a broad range of treatment options that include proper diagnosis (Rapid testing and quality assurance control). Counselling (one to one and emphasis on confidentiality)

PROGRESS MADE IN IMPLEMENTING 1. PREVENTION STRATEGY

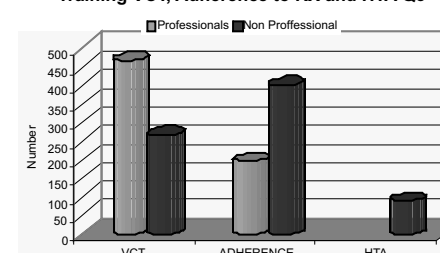
- Community mobilisation, education and IEC is ongoing :Government, Partners and Sectors
- PAC frame work developed
- Campaigns conducted in terms of calendar dates



HR: Training Partners Q3



Training VCT, Adherence to RX and HTA Q3



2. CARE AND SUPPORT STRATEGY

- NGO Funded: 327
- Carers over 6 000
- Carers receiving stipend over 3 000
- Families taken care of over 189 000
- Patients at community level over 160 000
- Child headed families supported over 10 000
- OVS more than 61 000
- PLHA support groups functional 157
- Step-down care facilities 12 in the Province, losing two to Mpumalanga Province and inheriting none
 - Temporary jobs created in 12 sites for 189 people. Amongst them we have 124 carers and 26 cleaners paid stipend through conditional grant
 - In-patient served over 5 000

3. TREATMENT (ART) STRATEGY

Art is not a stand-alone programme but a strategy of providing treatment within the continuum of care

- CCMT (ARV)
- Providing Nutritional Supplements and micro nutrients to all HIV positive clients at non accredited sites (integrated Nutrition Program) and accredited sites through CG
- Social Development responsible for food parcels
- 36 hospitals accredited and 1 CHC. All sites Provide Comprehensive HIV & AIDS package

Compassion : A good heart is better than all the heads in the world.

PROGRESS MADE IN IMPLEMENTING TREATMENT

- ART Coverage - District 100%, Sub District 96% only one municipality left Mookgophong
- Strengthening health system, HR: we have appointed at District 3 extra personnel to the one who has been coordinating HAS programmes

WHERE TO ACCESS CCMT CARE		
DISTRICT	Hospitals and CHC ACCREDITED	NO ACCREDITED SITES =37
Bohlabela	Mapulaneng, Tinsoalo	3
Capricorn	Mankweng, Pietersburg, Lebowa-kgomo, Helen France, Knobel, Seshego, Zebediela, Botlokwa	8
Mopani	Letaba, Kgapanne, Nkhensani, Sekororo, Maphutha- Malatjie, Dr C.N Phatudi, Vanvelden, Mugudeni Grace CHC	8
Sekhukhune	ST Ritas, Dilokong, Jane-furse, Meclenberg, Philadelphia, Matlala	6
Vhembe	Tshildzini, Siloam, Elim, Malamulele, Donald Fraser, Louis Trichardt, Messina	7
Waterberg	Mokopane, Warmbath, Elisras, Thabazimbi, Witpoort, George Masebe. Voortrekker, FH Odendal	8

STRENGTHENING HEALTH SYSTEM HR AT HOSPITAL LEVEL

- Doctors appointed=18
- CPN appointed=68
- Dieticians=26
- Pharmacists=21
- Social workers=26
- Data capturers=30

STRENGTHENING HEALTH SYSTEM OTHER RESOURCES

- Improved network points
- Provided facilities with IT equipment
- Refurbished sites to provide comprehensive HIV & AIDS management
- Improved provision of HIV & AIDS Plus TB programmes are integrated

ACCREDITATION

Phase 1 2004/5 tertiary and regional hospitals
 Phase 2 2005/6 district hospital and chc
 Phase 3 2006/7 all hospitals
 Phase 4 2007/8 chc's and some clinics
 Phase 5 2008/9 chc's and some clinics
 Phase 6 2009/10 all health facilities

Process Criteria Followed

- Access geographical
- Areas of high prevalence
- Facilities referring more clients
- Facilities with capacity :Resources and competency
- Facility demonstrating commitment
- Space availability

REQUIREMENTS FOR AN ART SERVICE POINT TO FUNCTION EFFECTIVELY

- Wellness clinic
- Space