An AIDS Free KZN by 2020

Strategic Framework
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ACRONYMS</td>
<td>2</td>
</tr>
<tr>
<td>2. ACKNOWLEDGEMENTS</td>
<td>3</td>
</tr>
<tr>
<td>3. FOREWORD</td>
<td>4</td>
</tr>
<tr>
<td>4. INTRODUCTION</td>
<td>6</td>
</tr>
<tr>
<td>5. EXECUTIVE SUMMARY</td>
<td>7</td>
</tr>
<tr>
<td>6. BACKGROUND</td>
<td>9</td>
</tr>
<tr>
<td>7. THE KWAZULU-NATAL PROVINCIAL AIDS STRATEGIC PLAN</td>
<td>11</td>
</tr>
<tr>
<td>☀ Vision</td>
<td></td>
</tr>
<tr>
<td>☀ Mission</td>
<td></td>
</tr>
<tr>
<td>☀ Core Values</td>
<td></td>
</tr>
<tr>
<td>☀ Focus Areas</td>
<td></td>
</tr>
<tr>
<td>☀ Challenges</td>
<td></td>
</tr>
<tr>
<td>☀ Strategic objectives for 2000/2001</td>
<td></td>
</tr>
<tr>
<td>8. HIV/AIDS &amp; STD STRATEGIC PLAN FOR S.A.</td>
<td>13</td>
</tr>
<tr>
<td>9. THE PROVINCIAL AIDS ACTION UNIT</td>
<td>15</td>
</tr>
<tr>
<td>☀ Role of the Unit</td>
<td></td>
</tr>
<tr>
<td>☀ Portfolios</td>
<td></td>
</tr>
<tr>
<td>☀ Key Result Areas 2000/2001</td>
<td></td>
</tr>
<tr>
<td>10. ACTION PLAN FOR 2000/2001</td>
<td>21</td>
</tr>
</tbody>
</table>
ACRONYMS

1. ACAC  AIDS CLINICAL ADVISORY COMMITTEE
2. BMP  BUSINESS PORTFOLIO MANAGER
3. HSRC  HUMAN SCIENCE RESEARCH COUNCIL
4. MRC  MEDICAL RESEARCH COUNCIL
5. HIV  HUMAN IMMUNE VIRUS
6. AIDS  ACQUIRED IMMUNODEFICIENT SYNDROME
7. MEC  MEMBER OF EXECUTIVE COUNCIL
8. VCT  VOLUNTARY COUNSELLING AND TESTING
9. RACS  REGIONAL AIDS CO-ORDINATOR
10. HPM  HEALTH PORTFOLIO MANAGER
11. CCSCo  CARE COUNSELLING AND SUPPORT CO-ORDINATOR
12. NGO  NON GOVERNMENTAL ORGANIZATION
13. CBO  COMMUNITY BASED ORGANISATION
14. HBC  HOME BASED CARE
15. LSCO  LIFESKILLS CO-ORDINATOR
16. O.I  OPPORTUNISTIC INFECTION
17. HCW  HEALTH CARE WORKER
18. Mx  MANAGEMENT
19. Rx  TREATMENT
20. LSPM  LIFESKILLS PORTFOLIO MANAGER
21. DOE  DEPARTMENT OF EDUCATION
22. DOH  DEPARTMENT OF HEALTH
23. DOW  DEPARTMENT OF WELFARE
24. PAAU  PROVINCIAL AIDS ACTION UNIT
25. GMPM  GRASS ROOT MOBILISATION PORTFOLIO MANAGER
26. PM  PORTFOLIO MANAGER
27. Pro Rep  PROVINCIAL REPRESENTATIVE
28. CCLO  CHIEF COMMUNITY LIASON OFFICER
29. GAAP  GOVERNMENT AIDS ACTION PLAN
30. DUC  DISTRICT UNIT CO-ORDINATOR
31. SPA & C  SPORT ARTS AND CULTURE
32. STD  SEXUALLY TRANSMITTED DISEASE
33. SG  SUPERINTENDENT GENERAL/SECRETARY GENERAL
34. MEXCO  MANAGEMENT EXECUTIVE COMMITTEE
35. HOD  HEAD OF DEPARTMENT
36. KIDACO  KWAZULU-NATAL INTERDEPARTMENTAL AIDS COMMITTEE
ACKNOWLEDGEMENTS

1. Department of Health KwaZulu-Natal Health Information Bulletin
   Annual Report April 1998 - March 2000

2. The Demographic Impact of HIV/AIDS in KwaZulu-Natal
   Prof. Alan Smith, Chris Desmond, Rob Dorrington
   - Health Economics and HIV/AIDS Research Division, UND.

3. HIV/AIDS & STD Strategic Plan for South Africa 2000-2005
FOREWORD

HIV/AIDS has become the most serious global threat to humankind ever experienced. The number of deaths and anticipated deaths is greater than any of the world wars that have afflicted the universe. The epidemic is the more serious because it affects all age groups and is particularly prevalent in the youth and young people. The black plague caused many deaths but they were mostly children and the aged. HIV/AIDS is causing more deaths in young people and is also capable of being spread by apparently healthy people who have been infected with the virus.

The spread of the virus is by contamination with body fluids. In our country, in our province and in Sub-Saharan Africa the most prevalent mode of spread is by heterosexual intercourse. Everyone and anyone who comes into contact with the virus is likely to be infected. It is for this reason that it is important so that they know how to protect themselves, are able to protect themselves and are supported in doing so. HIV positive members that the ABC strategy for the prevention of spread of the virus is important.

There are three legs for combating the epidemic.

The first is to prevent the HIV negative population from being infected. This means that HIV negative members of the community have the responsibility of not putting themselves at risk of infection. They must be empowered to prevent the spread of the virus. The majority of the population do not know their status (and this is why counselling and voluntary testing is so important) and therefore have a dual responsibility, as they may be negative or positive.

The second leg of controlling the epidemic is to care for HIV positive members of our communities and ensure that they live and enjoy a quality life without any discrimination, victimisation or recrimination.

The third leg is to care for the adverse effects of the virus. This is the care of patients with AIDS, whose problems are compounded by opportunistic infections, and in the third world poor nutrition and poverty further aggravate issues.

Families and communities are faced with caring for sick people and orphans.

The Provincial HIV/AIDS Action Unit jointly with the HIV/AIDS programme of the department of health must mobilise resources and work as a consolidated component in order to have a common vision, common purpose, share common core values and adopt a common strategy and emit common messages. This document does just that. It embodies a common strategy for the province and for the health department. It co-ordinates the activities in combating HIV/AIDS in the province, and clearly demonstrates that a successful strategy must incorporate all sectors of government, the private sector, civil society and the community organisations, Non Governmental and Community Based Organisation’s.
The partnership between government and the private sector will equip all of us well to transcend all barriers and to ensure a successful strategy that will lead to an HIV/AIDS free next generation. We are on the journey of success but much work must be done, much commitment is necessary, joint efforts are essential and most importantly a monitoring process must indicate that we are succeeding in changing behaviour, winning the war against the virus and freeing humankind from this virus. Collective and individual contributions are important.

We are encouraged by all the positive efforts in the province, and we are also encouraged by the constructive criticism that is necessary, if we are to improve our strategies so that we use our resources optimally and succeed in the war even if we lose the odd battle. The emphasis of the HIV/AIDS Action Unit will be on prevention and the care of those affected.

I want to commend the HIV/AIDS Action Unit for the good work done, and throw at them the challenge to meet the onslaught of the virus.

In this document we have a tool for success we must use it correctly and in conjunction with any other tools available. We must also be bold enough to sharpen the tool, modify the tool and even change it. We must also work closely with all interested groups especially those that can build bridges with the private sector, communities, religious groups and others. We must share this document, strategic plan and key result areas in government and out of government and entrench it with the help of our Provincial HIV/AIDS Council. This document must embody the strategy against HIV/AIDS by all of us.

I wish to thank all those who participated in the compilation of this document as I am aware of the sweat generated and especially as I was able to share some of it.

Professor R W Green-Thompson
Superintendent-General/Secretary of Health: KwaZulu-Natal
INTRODUCTION

The complexity of the HIV/AIDS pandemic in KwaZulu-Natal militates against the use of conventional methods of working. It is therefore commendable that the KwaZulu-Natal Cabinet has launched the AIDS Challenge 2000 campaign, in response to this devastating pandemic. The Cabinet has done its part in initiating this campaign; the ball is now in our court, as the HIV/AIDS Action Unit to deliver the service that we are contracted to do.

With the committed and dynamic staff that we have at our disposal, I sincerely feel that this unit will make an impact on this pandemic. We will however need guidance and meaningful support from all corners of government and civil society to help us achieve our goals.

The existence of the Provincial AIDS Council whose purpose is to drive provincial responses to the pandemic through:

- Advising the Cabinet on matters relating to HIV/AIDS;
- Receiving and considering proposals or any matter from stakeholders, advising and making recommendations to Cabinet;
- Monitoring the implementation of AIDS Challenge 2000 and report to Cabinet regularly; and
- Facilitating the implementation of decisions taken by Cabinet on matters of HIV/AIDS.

Will greatly assist the Provincial AIDS Unit in its efforts by driving community responses to the pandemic.

The success of the HIV/AIDS Action Unit will be the success of all citizens of KZN and subsequently all citizens of South Africa. It is very important for everyone to acknowledge that changing people's lifestyles and behaviour cannot be achieved over a short period of time hence we must allow for some time for our strategies to impact positively.

I hope that the people of KwaZulu-Natal will benefit positively from the existence of this unit.

Dr. S.S.S. Buthelezi
Director: Provincial HIV/AIDS Action Unit
EXECUTIVE SUMMARY

The population of KwaZulu-Natal, according to the national census, is 8.4 million making it the most populated province in the country. Females comprise 53.15% and males 46.85% of the population.

The National HIV survey of women attending antenatal clinics at public health facilities show an increase of HIV prevalence from 0.7% in 1990 to 22% in 1999. KwaZulu-Natal has the highest prevalence at 32.5%.

The prevalence is generally higher among women, with women aged 15-19 showing a prevalence of 43.3%; compared to males of the same age who show a prevalence of 17.3%. Female prevalence peaks in the 25-29 year old age group, whereas male prevalence peaks in the 35-39 year old age group.

This is useful information to use in targeting at risk groups.

To respond to the pandemic, the province has set up a Provincial AIDS Action Unit. The role of the unit is to:

- Facilitate planning, implementation and evaluation of HIV/AIDS activities in the province
- Co-ordinate the HIV/AIDS activities directed at prevention of HIV infection and care for those infected and affected
- Facilitate intersectoral collaboration
- Mobilise for partnership against HIV/AIDS
- Provide support for Non-Governmental Organisations/Community Based Organisations and other Government Departments in relation to HIV/AIDS

The unit comprises the following portfolios:

- Home Based Care, Voluntary Counselling and Testing
- Sexually Transmitted Diseases and Barrier Methods
- Health, Public and Private including Indigenous Healers
- Welfare and Social Services
- Sports Arts and Culture
- Life Skills Education
- Traditional Affairs, Local Government, Safety and Security, Prisons and Army
- Business and Organised Labour
- Media Marketing and Liaison with Faith Based Organisations
- Grass Root Mobilisation, HIV/AIDS Communicators (HACs) and Community Health Workers
The previous HIV/AIDS programme of the Department of Health, because of experience in the field, should focus on providing logistic support especially with regard to finances and systems.

The unit has identified strategic objectives for 2000/2001 from which Key Result Areas have been developed for each of the team members, incorporating the National priority areas and goals.

The 2000/2001 strategic objectives as identified by the unit are:

- Strengthen Partnerships between Departments
- Strengthen Partnerships outside Government
- Develop effective Awareness Campaigns
- Implement Life Skills programmes
- Implement the 1st Phase of the Voluntary Counselling and Testing Centres Programme
- Ensure 50% of Districts are implementing the Community/Home Care Programme
- Ensure all Districts have functional Drop-in-Centres (Resource Centres)
- Review and update existing policies
BACKGROUND

The population of KwaZulu-Natal, according to the national census, is 8.4 million making it the most populated province in the country. Females comprise 53.15% and males 46.85% of the population.

The National HIV survey of women attending antenatal clinics at public health facilities show an increase of HIV prevalence form 0.7% in 1990 to 22% in 1999. KwaZulu-Natal has the highest prevalence at 32.5%.

Work done by Prof. Alan Smith indicates that the prevalence is generally higher among women, with women aged 15-19 showing a prevalence of 43.3%; compared to males of the same age who show a prevalence of 17.3%. Female prevalence peaks in the 25-29 year old age group, whereas male prevalence peaks in the 35-39 year old age group.

The team at the Health Economics and HIV/AIDS Research Division say the reason attributed to the high incidence of HIV/AIDS in KwaZulu-Natal than anywhere else in the country, is the presence of a combination of all the following factors involved in the transmission of HIV.

- Violence - displacing people to squatter camps.
- Extensive truck routes.
- Two large ports in the province, Richards Bay and Durban.
- Poor and inconsistent use of condoms.
- Culture - male circumcision not practised.
- High levels of unemployment.
- Poverty.
- High levels of male absenteeism.
- Urbanisation.

Dorrington R. indicates that the combination of the above factors if unchecked will have a deleterious impact in the province as indicated below:

- The number of HIV positive people is expected to continue to rise for the next few years, with the prevalence levelling off at over 30% of 15-49 year olds.
- As the epidemic progresses the number of people sick from AIDS will increase, with a deleterious effect on the economy. The number of people sick from AIDS will peak only around 2008/9.
- This year, deaths resulting from HIV/AIDS will represent half of all deaths in the province.
- In the next few years deaths from HIV/AIDS will exceed all other causes of death combined. The impact is amplified by the concentration of them in the productive age group.
There will be an increase in infant and child mortality, and decrease in life expectancy.

These are initial projections to be purified.

Tuberculosis is closely linked to the HIV/AIDS pandemic, and is the most common cause of death in people living with HIV. The incidence rate in this province rose significantly from 1.09 in 1995/96 to 3.03 in 1997/98.

Of concern is the gross under reporting that applies to all notifiable medical conditions. A total of 25,835 cases were reported from the TB Surveillance Programme and only 11,094 TB cases were notified which means 57% under reported.

Sexually Transmitted Diseases play a major role in the transmission of HIV. According to the national strategic plan document, there are approximately 11 million STD episodes treated annually in South Africa, with approximately 5 million of these managed by private practitioners. This clearly calls for a major onslaught on the management of STDs and focus on the usage of condoms as a way of reducing the spread of the disease.

The teams from the health department that have to collaborate closely with the unit are TB, Nutrition and Maternal, Child and Women’s Health.

It is against this background, that the Provincial AIDS unit has to plan its strategy of combating the spread of HIV/AIDS, and also achieving an AIDS-free KwaZulu-Natal by 2020.
THE KWAZULU-NATAL PROVINCIAL AIDS STRATEGIC PLAN

VISION

- An AIDS free KwaZulu- Natal by 2020

MISSION

- To implement programmes and disseminate information that will have a positive effect in changing people's lifestyles and perceptions on HIV/AIDS, thus reducing the incidence of the disease in KwaZulu-Natal. This will be done through partnership by committed and dedicated staff, within the available resources.

CORE VALUES

- Innovation
- Commitment
- Accountability
- Mutual Respect and Co-operation

Focus Areas to achieve an AIDS free KZN by 2020

- Extensive Awareness Campaign
- Strengthen partnerships between departments
- Provide life skills education to vulnerable groups
- Strengthen partnerships with sectors outside government
- Provide effective care, counselling and support
- Provide effective management of sexually transmitted diseases both in the public and private sector.

Challenges to overcome

- Lack of resources – financial, material and human
- Topography of Kwazulu-Natal
- Poverty
- Migrant labour system
- Illiteracy
- Patriarchal society
- Poor infrastructure – roads, communication
- Traditional values – cultural and religious beliefs
- Politics
Strategic Objectives for 2000/2001

- **Strengthen Partnerships between Departments**
  - Each department to appoint a Senior Official to oversee the AIDS programme within the Department
  - The official to sit on monthly KIDACO meetings
  - Facilitate workshops for officials

- **Strengthen Partnerships outside Government**
  - Identify all the stakeholders
  - Partnerships in place with 20% of identified stakeholders

- **Develop Effective Awareness Campaigns**
  - Launch a campaign to introduce the unit
  - Develop and implement a plan on how to saturate the market with AIDS messages
  - Facilitate the integration of HACs with CHWs
  - Ensure that all rural households are covered by CHWs
    - Implement Life Skills programme in 20% of KZN Schools
    - Implement the 1st Phase of the Voluntary Counselling and Testing Centres Programme in 4 regions, 2 sites per region with the aim of eventually covering the whole province
    - Ensure 50% of Districts are implementing the Community/Home Care Programme
    - Ensure all Districts have functional Drop-in Centres (Resource Centres)
    - Review and update existing policies

All members of the Unit have developed Key Result Areas based on the identified focus areas, the 2000/2001 strategic objectives, and incorporating strategic objectives from the national plan.
HIV/AIDS AND STD STRATEGIC PLAN FOR SOUTH AFRICA
2000 - 2005

GUIDING PRINCIPLES:

There are guiding principles for HIV/AIDS and STD prevention, treatment and care efforts for South Africa which were adopted in the National AIDS plan for South Africa 1994-1995 and the Department of Health’s White Paper for the Transformation of the Health System in South Africa, 1997. These are now reaffirmed in the 2000-2005 strategy.

THE PRIMARY GOALS OF THE STRATEGIC PLAN ARE TO:

- Reduce the number of new HIV infections (especially among youth)
- Reduce the impact of HIV/AIDS on individuals, families and communities.

The Strategic Plan is structured according to the following four areas:

- Prevention
- Treatment, Care and Support
- Human and Legal Rights
- Monitoring, Research and Surveillance

- The youth will be broadly targeted as a priority population group, especially for prevention efforts.

PRIORITY AREAS AND GOALS

PRIORITY AREA 1: PREVENTION
- Goal 1: Promote safe and healthy sexual behaviour
- Goal 2: Improve the management and control of STDs
- Goal 3: Reduce mother-to-child transmission (MTCT)
- Goal 4: Address issues relating to blood transfusion and HIV
- Goal 5: Provide appropriate post-exposure services
- Goal 6: Improve access to Voluntary HIV Testing and Counselling (VTC)

PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT
- Goal 7: Provide treatment, care and support services in health-care facilities.
- Goal 8: Provide adequate treatment, care and support services in communities
- Goal 9: Develop and expand the provision of care to children and orphans.
PRIORITY AREA 3: **Research, Monitoring and Evaluation**
- **Goal 10:** Ensure AIDS vaccine development
- **Goal 11:** Investigate treatment and care options
- **Goal 12:** Conduct policy research
- **Goal 13:** Conduct regular surveillance

PRIORITY AREA 4: **Human and Legal Rights**
- **Goal 14:** Create a supportive and caring social environment
- **Goal 15:** Develop an appropriate legal and policy environment
THE PROVINCIAL AIDS ACTION UNIT

The Provincial AIDS Action Unit was set up in March 2000.

The Role of the Unit is to:

- **Facilitate planning, implementation and evaluation of HIV/AIDS activities in the province**
  - Facilitate the undertaking of a situational analysis of HIV/AIDS-status activities, programmes and resources in order to identify gaps.
  - Facilitate the joint development of a strategic and operational HIV/AIDS plan.
  - Facilitate equitable distribution of funds to the relevant peripheral structures.
  - Facilitate and support development of operational plans by each peripheral structure based on the allocated funds.
  - Joint development of a monitoring tool.
  - Facilitate ongoing monitoring of HIV/AIDS activities.
  - Joint development of a user friendly reporting instrument.
  - Facilitate evaluation of HIV/AIDS activities based on the objectives, using identified indicators.

- **Co-ordinate the HIV/AIDS activities directed at prevention of HIV infection and care for those infected and affected**
  - Identify role players
  - Maintain communications between different structures
  - Collate events at DHS level through Regional structures - for support, publicity and mobilisation
  - Identify and linking the activities like training, HBC etc
  - Support the KZN AIDS Council
  - Streamline/clarify the lines of co-ordination Province-> Region-> District-> Community

- **Facilitate intersectoral collaboration**
  - Convene meetings with Heads of Departments and Directors
  - Strengthen and encourage participation in structures e.g. KIDACO, SACMA, Provincial Aids Council
  - Identify HIV/AIDS Programmes and policies within the Departments
  - Facilitate planning and training to fill the gaps
  - Assess and monitor operational plans and policies
  - Develop a reporting instrument for Departments
MOBILISE FOR PARTNERSHIP AGAINST HIV/AIDS

- Compile a list of prospective partners
- Develop a KZN model for mobilisation of partnership
- Facilitate development of guidelines for partners spelling out the role expectations
- Facilitate capacity building for partners.

PROVIDE SUPPORT FOR NON-GOVERNMENTAL ORGANISATIONS/COMMUNITY BASED ORGANISATIONS AND OTHER GOVERNMENT DEPARTMENTS IN RELATION TO HIV/AIDS

- Formulate a database for all the HIV/AIDS NGOs/CBOs and their specific roles
- Strengthen partnership between NGOs/CBOs and the Unit /Govt
- Facilitate training of Govt. Departments by NGOs/CBOs
- Expand the scope of existing NGOs/CBOs
- Identify specific training needs of each role player
- Provide financial support to NGOs/CBOs and monitor the use of funds
- Formulate/ strengthen/ review NGO/CBO support policy

PROVIDE SUPPORT FOR THE PRIVATE SECTOR, CORPORATE HEADQUARTERS AND SUBSIDIARIES, IN RELATION TO HIV/AIDS

- Through the Department of Trade and Industry, work through well-established organisations in the Province with wide member-bases, such as Chamber of Commerce and other Business Organisations. Forge close relationships and invite representatives from these organisations to work closely with the Provincial AIDS Council.

WORK CLOSELY WITH PEOPLE LIVING WITH AIDS, ASSISTING THEM TO REMAIN AS HEALTHY AS POSSIBLE

FACILITATE PROGRAMMES TO EMPOWER HIV NEGATIVE PEOPLE TO REMAIN NEGATIVE

TO ENSURE PROVISION OF PROGRAMMES TO ENHANCE THE “A, B, C” OF AIDS

THE PORTFOLIOS IN THE UNIT ARE:
- Home Based Care, Voluntary Counselling and Testing
- Sexually Transmitted Diseases and Barrier Methods
- AIDS Programmes
Health, Public and Private, including Indigenous Healers
Welfare and Social Services
Sports, Arts and Culture
Life Skills Education
Traditional Affairs, Local Government, Safety and Security, Prisons and Army
Business and Organised Labour
Media Marketing and Liaison with Faith Based Organisations
Grass Root Mobilisation, HIV/AIDS Communicators (HACs) and Community Health Workers

**Key Result Areas of the respective portfolios:**

**Director**

- To align the business plan of the HIV/AIDS Action Unit with the existing DHS framework
- To enhance commitment of all Provincial heads of Departments regarding HIV/AIDS programmers in the respective departments, and ensure interdepartmental co-ordination of HIV/AIDS programmes
- To enhance commitment of the Provincial Cabinet re HIV/AIDS issues
- To enhance an integrated private/public partnership (inclusive of NGOs and CBOs) response to the HIV/AIDS epidemic

**Home Based Care, Voluntary Counselling and Testing**

- Establish Voluntary Counselling and Testing sites
- Develop a data base of all Home Based Care (HBC) services in the province
- Facilitate the development of a Provincial HBC policy from the National policy
- Facilitate partnerships with industry/business on management of opportunistic infections
- Facilitate workshops for PWAs on importance of treatment of opportunistic infections

**Sexually Transmitted Diseases and Barrier Methods**

- Ensure all Health Facilities in KZN have the adopted National STD Protocol
- Update all clinicians in the Public Sector on the adopted National STD Protocol
Update all Clinicians in the private sector on the National STD protocol

Ensure every surgery and private hospitals have STD protocols

Increase proportion of STD cases effectively managed both in public and private sector

Increase percentage of sexually active people using condoms

**HEALTH SECTOR, PUBLIC AND PRIVATE, INCLUDING INDIGENOUS HEALERS**

- To enhance commitment on the part of management re-HIV/AIDS within the Departments
- Facilitate the development of HIV/AIDS Policies in the workplace
- To strengthen and evaluate the HIV/AIDS prevention programmes
- Develop systems through which Indigenous Healers can work

**Sports, Arts and Culture**

- Development of HIV/AIDS awareness programmes for youth
- Facilitate policy formulation on youth related HIV/AIDS issues
- Encourage artists to make HIV/AIDS the subject of songs, drama and visual arts
- Facilitate capacity building workshops

- Ensure that messages targeting youth are included at all aids functions

**Life Skills Education**

- Establish /strengthen an in- programme on HIV/AIDS
- Ensure a functioning integrated Provincial Life skills Co-ordinating Committee
- Facilitate Lifeskills Teacher Training Programme for 20% of the KZN Primary School Teachers
Ensure implementation of Lifeskills Learner Programme for 20% of KZN Secondary Schools

Establish a well Co-ordinated integrated HIV/AIDS programme in Tertiary Institutions

**Welfare and Social Services**

- Establish a meaningful partnership with the Welfare and Population Development Department
- Establish partnership with private and NGO/CBO welfare organisations
- Facilitate development of workplace policies
- Facilitate the development of workplace programmes
- Integrate HIV/AIDS programme with Poverty Alleviation Programmes
- Facilitate development of AIDS orphan programmes

**Grassroots Mobilisation**

- Determine the gaps in the distribution of CHWs
- To enhance development of the CHWs & Volunteers
- Develop community awareness programmes
- To facilitate effective and even distribution of relevant material/information

**Media Marketing and Liaison with Faith Based Organisations**

- Establish and maintain a professional and cordial relationship with the mass media.
- Advocate for balanced reporting by the mass media
- Publicise HIV/AIDS events, information
- Establish and maintain a corporate image of the unit
- Involve Faith Based Organisations in the flight against HIV/AIDS
- Produced annual report for the unit
Develop a directory of all HIV/AIDS organisations in the Province

**Business and Labour**
- Facilitate development and or review of policies on HIV/AIDS in the workplace (both in government departments and the private sector).
- Facilitate establishment of HIV/AIDS programmes within the Private and Labour Sectors.
- Develop a database of private sector organisations involved in the fight against HIV/AIDS
- Strengthen partnership with private sector partners.
- Facilitate establishment of HIV/AIDS programmes within government departments (Works, Transport, Economic Affairs & Tourism).
- Involve Organised Labour in the fight against HIV/AIDS. Ensure organised labour play an active and role in HIV/AIDS workplace programmes.

**Traditional Affairs, Local Government, Safety and Security, Prisons and Army**
- Facilitate the initiation of HIV/AIDS programmes by community leaders
- Strengthen partnership with community leaders.
- Facilitate development of policies on HIV/AIDS in the workplace in the following departments: Traditional Affairs, SAPS, Correctional Service and SANDF.
- Facilitate establishment of HIV/AIDS programmes within the following government departments: Traditional Affairs, SAPS, Correctional Service and SANDF.

Work plans based on the above key result areas are attached at the end of this document. These will be executed in alignment with the action plans indicated below.
ACTION PLAN FOR 2000/2001

The unit has identified the following strategic objectives for 2000/2001 as indicated before:

- Strengthen Partnerships between Departments
- Strengthen Partnerships outside Government
- Develop effective Awareness Campaigns
- Implement Life Skills programmes
- Implement the 1st Phase of the Voluntary Counselling and Testing Centres Programme
- Ensure 50% of Districts are implementing the Community/Home Care Programme
- Ensure all Districts have functional Drop-in-Centres (Resource Centres)
- Review and update existing policies

The unit at which the various initiatives will take place will be the Health District as agreed by Cabinet. This will allow easy integration with other projects.

To have an impact on the HIV/AIDS pandemic it is important to use a multi-prong strategy of providing knowledge, train the trainer, community mobilisation, voluntary testing and proper management of STDs.

The various portfolios within the unit will have to ensure that they pool their efforts for maximum impact.

The unit will focus on training the leadership of the various stakeholders so as to ensure that there is an understanding and buy in at the highest level. The leaders will then be given the responsibility of cascading the process.

The focus will be on the following leadership:

- Government Departments
- Traditional Healers
- Traditional Leaders
- Local Government Councillors
- Faith Based Organisations
- Community Leaders
- Business
- Organised Labour Leaders
- Sex worker leadership structures
The practical implementation of these strategic objectives will be translated into the following action plans:

**Government Departments**

The objective here is to strengthen partnerships between departments to ensure that there is integrated planning by departments in addressing the HIV/AIDS problem to avoid duplication and gaps in community programmes.

This will also ensure that all departments have viable and effective HIV/AIDS programmes for their staff.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time Frame</th>
<th>Responsibility</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Give KRAs to respective HOD and ask for amendments</td>
<td>10 November 2000</td>
<td>Director HIV/AIDS SG Health</td>
<td>Agreed HIV/AIDS key result areas for respective departments</td>
</tr>
<tr>
<td>2. Meet all Departmental Heads and introduce unit</td>
<td>17 November 2000</td>
<td>Director HIV/AIDS SG Health</td>
<td>Understanding of working relationship between unit and departments</td>
</tr>
<tr>
<td>4. Train the co-ordinators from respective departments</td>
<td>15 December 2000</td>
<td>Portfolio Managers</td>
<td>All departmental HIV/AIDS co-ordinators appropriately trained</td>
</tr>
</tbody>
</table>

**Traditional Leaders**

Traditional leaders are respectable members of society, and would have a significant contribution towards educating communities around HIV/AIDS issues.

It would therefore be important to involve them in this fight.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time Frame</th>
<th>Responsibility</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Compile a list of all traditional leaders</td>
<td>17 November 2000</td>
<td>Portfolio Manager for Traditional Affairs</td>
<td>Database of Traditional Leaders</td>
</tr>
<tr>
<td>2. Identify NGOs per District to train traditional leaders</td>
<td>30 November 2000</td>
<td>Portfolio Manager for Traditional Affairs</td>
<td>NGOs to train traditional leaders identified for all districts</td>
</tr>
<tr>
<td>3. Develop a training plan for traditional leaders to cover 2 Amakhosi and 12 Izinduna per district per month</td>
<td>24 November 2000</td>
<td>Portfolio Manager for Traditional Affairs</td>
<td>Identified NGOs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20 Amakhosi and 120 Izinduna trained in the province (10 Districts) per month i.e. 240 Amakhosi and 1440 Izinduna trained in the province in 1 year</td>
</tr>
<tr>
<td>4. Train first group of traditional leaders – one representative per Regional Authority</td>
<td>15 December 2000</td>
<td>Identified NGOs</td>
<td>First group traditional leaders trained</td>
</tr>
<tr>
<td>5. All districts have first group of traditional leaders trained</td>
<td>15 January 2001</td>
<td>Portfolio Manager for Traditional Affairs</td>
<td>All districts have a group of traditional leaders trained</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identified NGOs</td>
<td></td>
</tr>
<tr>
<td>6. All traditional leaders trained by end of 2001</td>
<td>31 December 2001</td>
<td>Portfolio Manager for Traditional Affairs</td>
<td>All traditional leaders in the province trained</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identified NGOs</td>
<td></td>
</tr>
</tbody>
</table>

**Local Government Councillors**

Services will be rendered at the local government level, and local government councillors more that anybody need to understand the extent of the pandemic in their areas and also be at the forefront of the fight against HIV/AIDS.

Councillors will also have to go through a programme similar to that for traditional leaders.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time Frame</th>
<th>Responsibility</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify NGOs to train councillors per district</td>
<td>30 November 2001</td>
<td>Portfolio Manager for Traditional Affairs</td>
<td>NGOs to train councillors identified for all districts</td>
</tr>
<tr>
<td>2. Compile a list of councillors obtain form KwaNALOGA</td>
<td>15 December 2000</td>
<td>Portfolio Manager for Traditional Affairs</td>
<td>Database of Councillors</td>
</tr>
<tr>
<td>3. Train first group of councillors</td>
<td>15 December 2000</td>
<td>Portfolio Manager for Traditional Affairs</td>
<td>First group of councillors trained</td>
</tr>
<tr>
<td>4. Develop a training plan for councillors training 20 councillors per district per month</td>
<td>15 December 2000</td>
<td>Identified NGOs</td>
<td>Training plan allows for 200 councillors trained per month i.e. 2400 per annum</td>
</tr>
<tr>
<td>5. All districts have first group of councillors trained</td>
<td>15 January 2001</td>
<td>Portfolio Manager for Traditional Affairs</td>
<td>All districts have a group of councillors trained</td>
</tr>
<tr>
<td>6. All councillors trained by end of 2001</td>
<td>31 December 2001</td>
<td>Portfolio Manager for Traditional Affairs</td>
<td>All councillors leaders in the province trained</td>
</tr>
</tbody>
</table>

**Traditional Healers**

Traditional Healers provide an important interface between African communities and western health institutions. Most people will consult a traditional healer before consulting doctors or nurses.

Traditional healers could therefore, with appropriate training, make a major contribution in health promotion around HIV/AIDS issues.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time Frame</th>
<th>Responsibility</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify NGOs, per district, to train traditional healers</td>
<td>30 November 2000</td>
<td>Traditional Healers Portfolio Manager</td>
<td>Training NGOs identified</td>
</tr>
<tr>
<td>2. Train 30 traditional healers for the province</td>
<td>15 December 2000</td>
<td>Traditional Healers Portfolio Manager Director</td>
<td>First group of traditional healers trained</td>
</tr>
<tr>
<td>3. Develop a programme to train 90 traditional healers per district per month</td>
<td>15 December 2000</td>
<td>Traditional Healers Portfolio Manager Director</td>
<td>Training programme in place</td>
</tr>
<tr>
<td>4. Develop a database of traditional healers per district</td>
<td>31 January 2001</td>
<td>Traditional Healers Portfolio Manager</td>
<td>A database of traditional healers available</td>
</tr>
<tr>
<td>5. Train 90 traditional healers per district per month</td>
<td>31 December 2001</td>
<td>Identified NGOs</td>
<td>900 Traditional Healers trained in the province monthly, and 10800 in the province for the year</td>
</tr>
</tbody>
</table>

The programme will continue to ensure all traditional healers in each district are trained.

**Religious Leaders and Community Leaders**

Faith based organisations attract large numbers of people of all ages. People come to these organisations as families unlike in most other organisations.

Faith Based Organisations and Community Leaders can be useful in health promotion, counselling and caring for sick people. It is therefore important to develop a programme that involves these organisations.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time Frame</th>
<th>Responsibility</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a database of leaders of faith based organisations in the province</td>
<td>30 November 2000</td>
<td>Portfolio Manager</td>
<td>Database available</td>
</tr>
<tr>
<td>2. Identify NGO to train leaders from faith based organisations</td>
<td>30 November 2000</td>
<td>Portfolio Manager</td>
<td>NGOs identified</td>
</tr>
<tr>
<td>3. Develop a training programme for faith based organisations 30 religious leaders per month per district, and 10 religious groupings per district per month</td>
<td>15 December 2000</td>
<td>Portfolio Manager</td>
<td>NGOs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Training programme in place</td>
</tr>
<tr>
<td>4. Train 30 religious leaders per district per month</td>
<td>31 January 2001</td>
<td>NGOs</td>
<td>300 religious leaders trained monthly</td>
</tr>
<tr>
<td>5. Train 10 religious groupings per district per month</td>
<td>31 January 2001</td>
<td>NGOs</td>
<td>10 religious groupings trained per district per month i.e. 100 in the province and 1200 per year</td>
</tr>
</tbody>
</table>

The objective is to have 120 religious groupings trained per district per annum.

Community Leaders will have to be identified in each community and brought into the network.

**Home Based Care and Drop in Centres Community Mobilisation**
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time Frame</th>
<th>Responsibility</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a plan to establish drop in centres in every sub district</td>
<td>30 November 2000</td>
<td>Portfolio Manager</td>
<td>Plan for Drop in Centres in the province available</td>
</tr>
<tr>
<td>2. Develop a database of all retired nurses, teachers, religious leaders and PWAs in all districts</td>
<td>15 January 2001</td>
<td>Portfolio Manager</td>
<td>Database available</td>
</tr>
<tr>
<td>3. Develop a training programme for the above individuals as volunteers</td>
<td>15 January 2001</td>
<td>Portfolio Manager &amp; NGO</td>
<td>Training programme for retired professionals</td>
</tr>
<tr>
<td>4. Establish one drop in centre per district</td>
<td>31 March 2001</td>
<td>Portfolio Manager</td>
<td>One drop in centre established per district</td>
</tr>
<tr>
<td>5. Establish an HIV/AIDS information centre in every village/township</td>
<td>31 March 2001</td>
<td>Portfolio Manager</td>
<td>Information Centres established in all villages</td>
</tr>
<tr>
<td>6. Establish 3 – 5 drop in centres per sub district</td>
<td>30 June 2002</td>
<td>Portfolio Manager</td>
<td>3 – 5 drop in centres established per sub district</td>
</tr>
</tbody>
</table>

Community Members can contribute greatly towards caring and counselling for afflicted people and their families. They can visit people in their homes or assist at the drop-in centres.

The information centres that will be located at the drop-in centres, will provide comprehensive information with input from various departments. Social Welfare information for instance with regard to grants, Legal information pertaining to Wills or employment rights of people with HIV/AIDS etc.

Clinics could also be used as bases where these volunteers could work, thus reducing the load on the health workers who find counselling time consuming.

Clinics will also have to develop databases of all operations in their respective catchment areas.

**Business**

It has been mentioned before that if the current rate of infection continues unabated, there will be a hugely negative impact on the economy of this province.
Business can also assist through lending support in some initiatives taking place in the communities.

There are some businesses that have started programmes for their employees, it would be useful to look at these and share experiences with those businesses that are keen but have as yet to put these in place to avoid reinventing the wheel.

**Conclusion**

The extent of this pandemic demands that the whole community be involved in assisting wherever necessary. A groundswell of committed people from all walks of life is required to raise the profile and provide energy around the fight against HIV/AIDS.

In his paper on the demographic impact of HIV/AIDS in KwaZulu-Natal, Chris Desmond says, “the reasons for the fast spread of the disease in the province are numerous. They include, but are not limited to, political violence, a good transport system, urbanisation, poverty, unemployment and very little circumcision being practised, combined with low condom use. It is the combination, rather than any single one, of these vectors which has led to the current situation”.

This statement poses huge challenges for the unit in its quest for an AIDS Free KZN by 2020.