DEPARTMENT OF SOCIAL DEVELOPMENT
HIVAIDS PROGRAMME
CONCEPT PAPER


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VISION
Society free from HIV/AIDS.

STRATEGIC GOAL
To facilitate the provision of appropriate services that promote optimal quality of life to those people at risk, infected and affected by HIV/AIDS

Executive Summary
The HIV/AIDS programme is central to the Department of Social Development 10 year Integrated Service Delivery Strategy. This concept paper describes the current reality that infected and an affected person are facing in the Western Cape and outlines the strategies that will be used to care for and support them. It is based on the assumptions that treatment is best provided with the community and that it is possible to be HIV positive and be self reliant.

The strategy requires a shift in emphasis from statutory intervention to the strengthening of families and communities through awareness and prevention, early intervention and accessible, integrated service delivery at a local level.

It is important that people infected and affected by HIV/AIDS have hope. By normalising and destigmatizing HIV/AIDS and by facilitating the provision of comprehensive social development services this programme intends to strengthen and support the vulnerable. It is only when everyone takes responsibility for positive personal choices and behaviour that our country can anticipate an HIV/AIDS free society
Introduction
The purpose of the HIV&AIDS programme is to facilitate the provision of appropriate services that promote optimal quality of life to those infected and affected by HIV&AIDS. This is important because of the impact of HIV & AIDS on our society. The rate of economic growth in areas affected by HIV/AIDS seems to decrease because of loss of labour supply, productivity and investment. The assessment show that 3.7 million labour force participants aged 15 – 64 were living with HIV. Families are the main caregivers for the sick and suffer AIDS related financial hardships. During the long periods of illness caused by AIDS loss of income and cost of caring for a dying family member can impoverish the households.

The challenge of orphans and vulnerable children (OVC) could continue for years even with the expansion of the prevention and treatment programmes. Studies reveal that the majority of orphans are being cared for by grandparents, family members or through self care by a child headed household. OVC’s are at higher risk for HIV infection as they face numerous material, emotional and social problems. Some experience being shunned by society and lack of affection and are left with few resources due to school drop out, malnutrition and ill health. They are also more vulnerable to abuse and exploitation.

It is also important to note that a consequence of migration of young adults was the burden placed on grandmothers to become caregivers and heads of households. Pensions and social grants have become the primary source of income to subsidise the already poor households in rural areas and informal settlements.

Psychological distress and disorders are also more prevalent among people living with HIV/AIDS. Not enough emphasis has been given to the psychosocial impact of the pandemic which are related to the illness and death of parents, children and other family members, caring for people who are ill and dying of AIDS and living with and coping with an HIV positive diagnosis.
It is important that people infected and affected by HIV/AIDS have hope. By normalising and destigmatizing HIV/AIDS and by facilitating the provision of comprehensive social development services this programme intends to strengthen and support the vulnerable.

The social development sector’s response to the challenge of HIV is informed and influenced by the National Strategic Plan (2007-2011), the Western Cape Ikapa Elihlumayo Strategy and the Provincial Growth and Development Strategy (PGDS). Furthermore it also observe the Mexico Declaration of reducing the occurrence of new infections by 50% in 2014. It is also aligned with the UN AIDS General Assembly Resolution 2006 and informed by the following Acts, Bills, policies and Charters:

- The Constitution of the Republic of South Africa
- Bill of rights
- Employment Equity Act
- Promotion of equality and prevention of unfair discrimination Act
- Public service and Administration Act
- The United Nations Convention on the Rights of the Child
- The Non Profit Organisation Act
- The National Health Act
- South African Schools Act
- The Sexual offences Act
- The Domestic violence Act
- The Housing Act
- Wills Act
- Interstate Succession Act
- The African Charter on the Rights and Welfare of the Child
- Social Assistance Act
- Child Care Act
- The Integrated Food Security Strategy for South Africa
Definitions

**OVC**: An orphan in this context is understood to be a child who has no surviving parent caring for him or her and a vulnerable child is a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstances and which prevents the fulfillment of his or her rights.

**Home Community Based Care**: Refers to the enablement of the individual, family and community to have access to services, which are nearest to home, encouraging participation by people, responding to the needs of the people, encouraging traditional community life and strengthening mutual aid, opportunities and social responsibilities that also have a psychosocial focus.

2. Situation Analysis

The HIV epidemic in South Africa is showing no signs of abating and in terms of its scale; it remains one of the largest epidemics in the world. Whilst the epidemic is said to be leveling off at country level, the levels of infection remain high, with a reported HIV prevalence of 30.2% amongst women attending HIV antenatal in 2005 (department of Health 2006). Temporal trends data from the HIV antenatal surveys show that the epidemic is heterogeneous both at country and provincial levels (Shaikh et. al 2006). Wide variations in HIV prevalence exists at the provincial level, with KZN reporting the highest HIV prevalence at 40.2% and the Western Cape the lowest at 15.7% in 2005. In 2006 the Western Cape’s prevalence stood at 15.1 percent, while area level surveys reported HIV prevalence ranging from 4 percent in Klein Karoo to 33 percent in Khayelitsha. According to Sheikh (2007), these findings demonstrate that the diversity of the epidemic at local levels is an important consideration for resource allocation and programme delivery at district level. The findings also highlight the need to tailor interventions and programmes to the local situation, focusing on the local context in terms of locally relevant groups, new infections, sexual networks and risk behavior.

Given that the epidemic in the Western Cape Province is relatively less matured than epidemics in other provinces of South Africa, this province has an opportunity to halt the epidemic through intensive preventative strategies and behavioral change programmes.

Apart from geographic diversity, Sheikh (2007) also alludes to the fact that the is variation in HIV prevalence by gender and age. A survey of national households by
HSRC reveals that women comprised 55 percent of the HIV positive population, with young women aged 25-29 years old the most severely affected at 33 percent. Younger women show higher levels of infection compared to males of the same age. Although antenatal prevalence appears to be leveling off among youth, prevalence is increasing dramatically among older people!

The implications of the above trends are that as the prevalence of the HIV/AIDS epidemic deepens social disintegration increases and therefore the state is increasingly required to ensure that the care and support of the vulnerable is provided. There is a concern that infected and affected people could become dependent on state support in the form of grants. It is critical that the HIV/AIDS programme promotes a self reliant life style possible.

It is clear that different stages of the disease require different interventions. This means that the strategy needs a multi pronged approach to address awareness & prevention, early intervention, statutory and reintegration.

Currently the resources available are insufficient to meet the growing needs of the communities. In addition many people still do not have access to information and support which could help them deal with the social impacts of HIV/AIDS more effectively. There is a need to develop a strong network of service providers that collaborate and implement effective, integrated services. To do this Home Community Based Care (HCBCs) organizations also need support and capacity building.

There is a dilemma. We do not want to label vulnerable children as HIV/AIDS OVC’s because we need to address the needs of all children. However HIVAIDS OVC’s have special needs and currently there is no clear definition of who would fit into this category. All at risk children, families and youth need to be identified and their needs analysed and appropriate support ensured.

The psychosocial impact of HIV/AIDS is currently under addressed. In future all interventions need to have a plan to provide psychosocial support along with their other services.
It is established that HIV epidemic in South Africa is spread predominantly through unprotected sexual intercourse. However other modes of transmission include mother to child, exposure to blood and blood products. In the Western Cape, it is evident that the diversity of the HIV epidemic closely mirrors wide disparities within the province with regard to a range of factors from socio economic status, unemployment rates, and poverty levels.

Assumptions

- It is possible to be HIV positive and be self reliant.
- Burden of care by grandparents
- Behavior change programmes can minimize the risk of infection amongst youth
- Affected and infected people need care and support
- A family environment is the best place for affected and infected people to receive care and support.
- Treatment is best provided within the community
- People living with HIV/AIDS can support to each other
- Parents living with HIV/AIDS can live positively and support their children
- There is an increasing HIV prevalence among older people.

Stakeholders

The key recipients of our services are vulnerable and marginalized people infected and affected by HIV/AIDS. These include Orphans and Vulnerable Children (OVC), Children Heading Households (CHH), people living with HIV/AIDS (PWA’s) and their families. In order to access and to work with the stated groups of people we are assisted by the NGOs, CBOs, FBO and in some instances by private companies working in the HIV/AIDS sector. It is also imperative that we increase the capacity of civil society to provide care and support to people at risk, infected and affected. In this regard we partner with training organisations such as Nacosa, Tirisano, Elgin, Knysna AIDS Council etc. Over the past three years we have cemented our relations with various departments that work with HIV/AIDS such as Health, Education, Correctional services, Agriculture and others that are represented at the Provincial Interdepartmental Aids Committee (PIDAC). Through the Expanded Public Works Programme (EPWP) and Home Community Based Care (HCBC) programmes we have close relations with the
department of Public Works. Within DSD the potential for integration of HIV programmes is noted and pivotal particularly with Sustainable livelihoods, Youth, Older persons, Substance abuse, Disability, Children and Families programme. DSD provides the legislative framework, policies, funding and capacity building to implementing partners in the non-profit sector.

It is also necessary to liaise closely with other government departments, local government and community structures so that integrated service delivery is ensured.

This programme is closely aligned to the National Strategic Plan 2007 -2011 and works closely with everyone who is involved in its delivery.

Service Delivery Framework

1. AWARENESS AND PREVENTION

Description
This is the most important aspect of social service delivery. Programmes are designed to create awareness of rights and responsibilities and provide information about services which are available. It aims to strengthen self reliance in order avoid at risk behaviour.

Strategic Objectives
Society has access to reliable, up to date information on HIV&AIDS as well as awareness on social development policies, programmes, and services available for people at risk, infected and affected by HIV&AIDS.

Measurable objective
1. To ensure that 2 annual awareness and behavior change campaigns based on the national strategic plan for HIV&AIDS STI and TB (2007-2011) intended to reach at least 5000 people in each district area are held until 2017.

Basket of services
- Celebration of national and international days
- Information, education, promotion and communication services
- Life-skills
- Advocacy
- Empowerment services
- Gender based education service
- Intergenerational services
- Outreach services

**Desired Outcomes**

Accurate, up to date information is available about HIV/AIDS
Accurate information is disseminated to relevant stakeholders
Positive behavior change occurs in regards to HIV/AIDS
Child Care Forums Established in all Districts
Policy and interventions remain in line with international best practice

**Action Plans**

- To provide information about:
  - Research – Situational Analysis, Trend Analysis, Identification of Vulnerable Groups
  - Policy – All legislation informing HIV/AIDS strategy and implementation
  - Strategies – All appropriate national, international interventions
  - HIV/AIDS – The disease, ARV support, services available
  - Co-coordinating structures – NACCA, PAC, DAC
  - Services & service providers

- To disseminate information to:
  - Internal - DSD staff
  - External - Civil society (families, communities & NGO's), Other government departments, Local government, Business

- Facilitate and Coordinate programmes that assist individuals to make positive life styles choices
- Facilitate & coordinate programmes that assist with destigmatisation of HIV/AIDS
- Facilitate and co-ordinate moral regeneration programmes
- Facilitate and coordinate gender based violence reduction programmes
- Collaboration & co-ordination of support & service delivery for children
Advocacy for relevant policies

2. EARLY INTERVENTION

Description
Services delivered at this level make use of developmental and therapeutic programmes to ensure that those who have been identified as being at risk are assisted before they require statutory services, more intensive intervention or placement in alternative care.

Strategic Objectives
Children and families at risk of HIV&AIDS are identified early and provided with a range of developmental and therapeutic programs and services

Measurable Objective
30 000 Children, youth and families at risk are connected with/referred to programmes that promote healthy lifestyles and reduce HIV&AIDS prevalence in 16 district areas by March 2017

Basket of services
- Information, education and communication programmes
- Life-skills programmes
- Community programmes
- Training of caregivers
- EPWP programmes
- Home based care programmes
- Programs on HIV and other chronic diseases
- Advocacy programmes, holiday programmes
- After-school care programmes
- Outreach programs
- Groups for children, youth and families

Desired Outcomes
All at risk children, families and youth are identified
Developmental & Therapeutic Programmes are standardized and of a high quality
Families are strengthened to protect and support vulnerable children
Communities are AIDS competent
**Action Plans**

- Expand access to HIV testing & counseling to community and other non health care settings
- Effective referral system is developed & in place in all districts
- Pilot CCF’s in all districts
- OVC’s, Youth, Families, Communities, Businesses, Government targeted for developmental programmes
- Ensure HCBC givers receive accredited capacity building programmes, are funded appropriately and deliver high quality services
- Facilitate & coordinate family strengthening programmes for families infected and affected by HIV/AIDS
- Facilitate & coordinate parenting programmes that promote positive engagement and communication with children on sexuality and HIV
- **Ensure that** HCBC is available: Families have access to HCBC: ECD, Public Works, Sustainable Livelihoods are available in the community: Recreational drug use is reduced

**3. STATUTORY**

**Description**

At this level OVC’s, youth and families are no longer functioning adequately in the community. Services are aimed at supporting and strengthening the individuals and families involved. Individuals may have to be removed from their place of abode and put into alternative care. Alternative care should, wherever possible, be a temporary measure followed by aftercare services that enable the person to return to the family or community.

**Strategic Objective**

All AIDS infected individuals with CD4 count below prescribed levels and OVCs receive adequate social assistance or statutory services.
**Measurable Objective**
To ensure that annually at least 15 000 children, youth and families infected and affected by HIV/AIDS have access to a range of social development services provided by DSD and HCBCs that comply with statutory requirements in all 16 district areas.

**Basket of Services**
- Capacity building, education and therapeutic services to people at risk, affected and infected individuals
- Referral to other relevant government agencies.
- Referral to other relevant civil society organisations.
- Site visits.
- Monitoring and evaluation of funded organisations.
- Assessment of organisations that apply for funding.

**Desired Outcomes**
All AIDS infected individuals below prescribed CD4 count levels and OVC’s receive adequate social assistance

**Action Plan**
- Develop and maintain a referral system
- Develop indicators, norms and standards
- Develop M & E tools and implement M & E to ensure high quality service delivery & adherence to policy
- Service Providers, Residential Facilities, Foster Care, Child Care Forums

4. **REINTEGRATION**

**Description**
Programmes and services at this level are aimed at reintegration in a way that enhances self reliance and optimal social functioning. This could include services aimed at improving family and community well being.

**Strategic Objective**
Aftercare and support services provided for children infected and affected with HIV/AIDS that allows them to remain in their families and community whenever possible.
**Measurable Objective**
Sustainable community based social support programmes that promote reintegration and resilience among people infected and affected by HIV&AIDS are in place in all 16 district office areas by March 2017.

**Basket of services**
- Circles of support for children
- Support groups
- Child care forums
- Job creation projects
- Life-skills development

**Desired Outcomes**
Children, Families and Youth infected and affected by HIVAIDS have access to:
- Sustainable Income (Sustainable Livelihoods, EPWP)
- Quality Support Services inclusive of HCBC
- Children infected and affected by HIVAIDS remain within the family and community wherever possible
- Children, Families and Youth infected and affected by HIVAIDS have the opportunity to realise their potential and have a optimal lifestyle

**Action Plan**
- Connect families and victims to a range of appropriate integrated services across DSD programmes and other government departments within their community such as housing, health care, community safety and education.
- Facilitate and coordinate the provision of psychosocial care and support for OVC’s, youth and families.

**Conclusion**
The strategy outlined above is aligned with the National Strategic Plan Aids Policy Guidelines & Principles inter alias:
- Protect & promote human and children’s rights.
- Effective, accessible & appropriate service delivery.
- Children remain in homes & communities of origin.
- Key stakeholders are consulted and involved.
- Those infected & affected by HIV/AIDS have equal access to opportunity.

This paper speaks to a shift in emphasis from statutory intervention to awareness, prevention, early intervention and reintegration. To achieve this, the HIV/AIDS programme is focusing on a family and community centered approach that promotes dignity and self worth. It is important that people infected and affected by HIV/AIDS have hope. By normalising and destigmatizing HIV/AIDS and by facilitating the provision of comprehensive social development services this programme intends to strengthen and support the vulnerable. It is only when everyone takes responsibility for positive personal choices and behaviour that our country can anticipate an HIV/AIDS free society.