

SOUTH AFRICA

MAKING USE OF EXISTING RESOURCES TO FIGHT HIV/AIDS IN MSUNDUZI

As the problem of HIV/AIDS is too big to be addressed by any one organisation, involvement of many organisations in a city is crucial to tackle this disease, by bringing together resources to sustain awareness, prevention, treatment and care.

Msunduzi, near Durban, is a city of 570,000 people in the epicentre of the South African AIDS pandemic. Msunduzi has an HIV prevalence of approximately 18%, with an estimated 100,000 people living with the virus, 250 AIDS-related deaths per month and 10,000 AIDS orphans. Until recently, programmes to address the problem had been directed by National and Provincial Government, but poor co-ordination at



Msunduzi Referral Network

This network offers support, hope and assistance to those affected or living with HIV/AIDS by referring them to the appropriate agency for the type of help that will ensure a healthier and happier life.

How does it work?

Get a referral from:
Clinics, Hospitals, Voluntary Counselling and Testing Sites

or come directly to **LifeLine**
14 Princess Street, Pietermaritzburg
08:30am – 2:30pm weekdays
or phone 394-4444 anytime

LifeLine
will then refer you to the appropriate agency



Planning for Death



NGOs



Home Based Care



Churches



Nutrition Services



Holistic Health Services

Strategy at work: the Nutrition Working Group

THE Nutrition Working Group emerged from the AIDS Strategic Workshop held in November when it was realised that there is a growing need for food aid and good nutrition for people living with AIDS as well as other vulnerable groups.

The group has already put a number of programmes in place and met in the city hall last week to consolidate their plans. More than 50 people attended the meeting where the chairwoman of the Nutrition Task team, Debbie Harrison, outlined their objectives. She said the aim is to provide emergency food aid, share information about nutrition and the preparation of food and offer training to encourage communities to become involved with food production. According to Harrison, the task team has already purchased a stock of Ekap, a

nutritious vitamin and mineral-enriched cold water-soluble porridge. She said this is available from LifeLine on Friday mornings at R7.50 for a 500g packet. This amount can feed an adult twice a day for five days. In addition, through Pema Rose of the School of Distance at the University of Natal, two post-graduate students are conducting research into the provision of food parcels in Pietermaritzburg. Their research will identify where food is distributed, the type of aid available, gaps in the service, what is available in the different suburbs and the days these are available. The students are planning to compile their findings in a resource booklet that could be distributed via the Cmas network to NGOs.

After this introduction the meeting broke up into three groups to discuss the way for-



Debbie Harrison (left) of LifeLine and Yvonne Spies of Cmas.

The groups were: Emergency food parcels/food relief, Good nutrition practice/training and Food Production. Specific plans emerged from these groups. These included:

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the local level, particularly between government and non-government services, led to many gaps in service provision.

The Municipality took some time to recognise that HIV/AIDS has a severe impact on the health and sustainability of the city, but since the new Deputy Mayor became committed to taking on HIV, it has embarked on a comprehensive programme to deal with the issue. Based on principles of partnership with all sectors of civil society, the programme addresses both municipal employees and the public at large, and includes prevention measures, treatment and care for those infected, and care for those otherwise affected, specifically orphans.

In March 2001, the City Council adopted a comprehensive AIDS plan for its 3,500 employees, devised by an Internal AIDS Task Team, and involving municipal officials and representatives of the two Trade Unions of municipal workers. The objectives were: to train 80 staff as peer educators, who would be released from work to educate colleagues; to train 15 staff as AIDS counsellors, who would be counselling co-workers on a one-to-one basis; and to hold regular educational presentations for municipal staff on all aspects of HIV/AIDS.



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In November 2001, a comprehensive city-wide strategy was initiated with the NGOs and CBOs in the city, following a participatory situation analysis and a consultative process. This strategy established three main priorities:

- 1) Education, awareness, and prevention - reducing the infection rate through education, availability of condoms, and changed sexual behaviour, promoting acceptance for people living with AIDS, and establishing voluntary testing and counselling centres.
- 2) Treatment and a 'continuum of care' for people infected - designing and implementing a comprehensive referral system, supporting NGOs and CBOs in developing drop-in clinics, hospices, and community support programmes through, for example, the support to some 200 home-based care volunteers consisting of US\$1,000 worth of supplies monthly, and extending services to all existing clinics.
- 3) Care for vulnerable children and orphans - providing food, shelter, and school care, and supporting a network of 60 organisations involved in care for children.

control of this strategy, and will take time to show results), certain process indicators can be measured (e.g. home based carers supplied, people referred and counselled, or employees trained). These already show clear improvement.

The key to the sustainability of the programme is the re-allocation and coordination of existing resources in the city - in terms of finance, human resources (public servants, NGO staff and volunteers), expertise, buildings and equipment. There is no dependence on external funding or loans, although further funding is being sought for some more expensive components of the programme in the future (e.g. building a new hospice). So far, however, the city has shown that much progress can be made with what it already has.

City Aids plan unveiled

The municipality together with various HIV Aids organisations this week unveiled a comprehensive awareness and prevention strategy in the city. The new focus of the strategy is a coordinated referral system that will ensure that those infected and affected can access all types of related services via a single medium. Officials will use community workers to provide a variety of services to those requiring care. The city has also committed the creation of a senior post within the mayor's office to coordinate and deliver the strategy. Deputy Mayor Zandile Hlongwe said the Aids strategy flows from a workshop held recently and that marks the city's commitment to addressing the growing epidemic, to firstly reflect in the city's Integrated Development Plan (IDP).

Various signs of the IDP strategy outlined the strategy aiming many Aids sufferers the end of ignorance and lack of good nutrition, the said the new strategy's broad offering of services will address the problems once faced with the a fragmented approach. Msunduzi Officer of health care Aude Dine said every

Outlining the City's Aids strategy are (l-r) deputy Mayor Zandile Hlongwe, Medical Officer of Health Dr. J. Over and Gail Trollope of Tabetha Ministries Centre of

will have an Aids focus: to deal with specific issues affecting individual wards. She said Lifeline will maintain a database of all services that can be accessed by those requiring help and that it network will ensure that nobody falls through the

An exhibition to launch the Msunduzi AIDS Strategy

will be held in the City Hall on Wednesday 13 March from 11am to 2pm

All Community-Based Organisation working with an AIDS focus in the Msunduzi area are urged to attend

Those interested in assistance, a display please contact the City Health Division on (033) 295 1350 or fax: (033) 295 1345



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The Council was committed to involving as wide a spectrum as possible of civil society by, for example, consulting NGOs in the situation analysis and inviting them to be part of the strategy development, holding meetings with CBOs and faith-based groups to bring them into the process, and hosting an open day in the City Hall for all involved organisations.

While precise measurement of achievements is difficult (as the actual incidence of HIV and life expectancy is influenced by many factors outside the

The city's programmes were used to inform the development of the 'HIV/AIDS Toolkit for Local Government' by the Health Economics and HIV/AIDS Research Division of the University of Natal, and the methods have now been spread throughout the Province. The Situation Analysis and Service Gap Analysis undertaken at the beginning of the process to inform the strategy development is being used as an example to other local authorities by the Education and Training Unit in Pretoria.