

HIV & AIDS PROGRAMME Department of Social Development



PURPOSE

To mitigate the social and economic impact of HIV and AIDS to vulnerable groups and provide social welfare services to people infected and affected by HIV and AIDS, within family and community context, in partnership with non profit making organizations (NGOs, CBOs; FBOs and other Community Organizations



STRATEGIC OBJECTIVES

- *Develop policy, standards and Frameworks in relation to care and support including CBC.
- *Facilitate and monitor the implementation of program
- *Building and Strengthening the Capacity of CBC organizations.
- *Coordination and support of stakeholders.
- *Facilitate & Monitor implementation of special prevention programs (Lovelife).
- *Facilitate prevention, advocacy, awareness, gender & Youth
- *Management of HIV & AIDS in residential care.

Program Areas

- Prevention, Advocacy, Awareness
- Gender, Youth & HIV and AIDS
- Special Programs (Lovelife)
- Care and Support – Home Community Based Care/EPWP
- Coordination and Stakeholder management
- Capacity Building
- Research, Monitoring and Evaluation

Progress for Care and support/HCBC Directorate

- Mapping of HCBC programs
- Evaluation of cost Effectiveness of HCBC
- Report and Findings
 - Management capacity
 - Funding
 - Financial management
 - Integration
 - Education level of caregivers
 - Demographic characteristics (Gender, Age)



Findings (Cont)

- Stipends- Non alignment DOH & DSD
 - Lack of norms and standards regarding the package of services and the quality of care
 - Both health and social services offered
 - Prevention
 - Capacity building
 - Training of primary caregivers within families
 - Treatment of wounds, minor ailments and DOT
 - Poverty alleviation and nutritional support
 - Referral to government departments
- Very little referral to other services



Findings cont

Beneficiaries

- OVC
- Sick families
- Youth
- Older persons
- People with disabilities

Cost Evaluation

- Home visits, food parcels, Feeding scheme, support groups, skills development, VCT, day care, health promotion



Implications for Policy

- Norms and Standards
- HCBC Appraisal to be done for all organizations: funded and non-funded
- Provision of supplies to all HCBC
- Capacity Building
- Stipends
- Funding for services and collaboration
- Social Grants – access for child headed households
- Implications for suspension of disability for those receiving ARTs
- Palliative care, Stigma & Discrimination
- Financial Management of CBOs



Monitoring and Evaluation System for HCBC

- Background
- Purpose of the project (JICA)
- Expected Outputs
- Progress
- Background
 - MOU
 - Project plan
 - task team

Challenges

- Participation of all stakeholders (DOH & DSD)
- Acceptance by all provinces
- Budget for computer Software development
- Collaboration with existing projects (HCBC, Monitoring and Evaluation systems)
- Sustainability
- Training of Cadres for data management at Community level
- Collection of quality data

Way Forward

- First Fiscal Year: 2006/07
 - IT related activities reviewed & cost estimates
 - Detailed budget submitted to Treasury
 - Coordination with DOH and formation of task teams
 - Provincial visits
- Determination of existing M & E systems
- 2nd Fiscal Year – 2007/08
 - Report on M & E systems
 - Standardized indicators
 - Pilot in two or three provinces

Orphans and Vulnerable Children

1. Vital registration data
 - Due date November 2006
2. Database on OVC
 - Research to identify current data systems
3. Analysis of lessons learnt in addressing the OVC situation
4. Audit of data sources at local level including public and civil society sources
5. Proposed studies: Impact of HCBC and support programmes

Child Headed Households

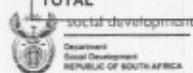
Monitoring implementation for HCBC/EPWP

- Provincial operational plans submitted with targets, activities, outputs and the budgets
- Business plans submitted for 2006/2007 for EPWP
- Review of the current reporting tool
- Achievements
- Documentation of good practice models for HCBC



HOME COMMUNITY BASED CARE PROGRAMME
Table 1: HCBC Targets and Outputs for 2006/07

Provinces	Caregivers receiving stipends		Beneficiaries		Caregivers trained		Funded Organisations
	Planned	Actual Q1	Planned	Actual Q1	Planned	Actual Q1	Actual Q1
Eastern Cape	743	527	27 200	13 415	743	247	20
Free State	1 600	1137	15 000	5 371	750	0	114
Gauteng	1 700	607	151 236	34 562	1 700	6	29
Kwazulu Natal	2 000	421	88 000	44 790	6 000	930	0
Limpopo	1 300	2 000	6 000	4 931	400	1 789	46
Mpumalanga	750	870	25 000	5 250	750	718	52
N. Cape	450	450	27 200	9 386	500	122	09
N. West	386	439	2 070	15 775	240	25	0
W. Cape	400	300	10 824	3 240	175	110	57
TOTAL	9 309	6751	352 530	136 720	11 258	3 947	327



STAKEHOLDERS AND ROLES

- Government Departments: DOH, DOE, DSD, Home Affairs, Justice, Agriculture, Office of the rights of the child, local

Building and strengthening capacity of HCBC organisations

- Coordinators meetings
- Audit of caregivers report
- Findings
- Registration with HWSETA