881
54m
uw-uw uu mz;
vu- - w- m.
131 noon DARRAGH HOUSE 75:. "’3- - ,5 P O 80X1878 JHB 2000
13WANDERERS STREET _ 7:751. (011)337- 1810/1 FAX: (011)235427
JOHANNESBURG 2001 ’ TELEX. 489265
FOR ATTENTION :
NO. OF PAGES : 9
TRANSMISSION BY: H AMI
MESSAGE: (1?an Trix q kg E Cegg! 9k COMQ ftff
(/9 OLA 2% "’22qu 90th (93!. QAQWA t4
’ .
(0% W W (L... Q W7%W%
WE
QONF I RMAT I QN
PLEASE FAX SIGNED CONFIRMATlON BELOW 0R TELEPHONE 337"181C)/11 TU
CONFIRM SAFE AND LEGIBLE RECEIPT
A
RECE I VED BY :
ANY COMMENTS : _,
DATE :
TRUSTEES; DR. A BOESAK, REV. F. CHIKANE. DR. M. COLEMAN. PROF. J. GERWEL.
ARCHWFHOP D HURLEY. MR Y. MAHOMED. FR. 5. MKHATSHWA.
.00.. 4.. 3.....- M ,

KRGISU TRUST 811 236427 88;

1. INTRODUCTION

This proposal motivates for majdr
in South Africa, run thrOth the Natidnal Progressive Prim
Care Natwork (PPHCN). Funding is requested for 3 years.
between 119,06? and 167,782 HIV positive South Africans at the end of
1990 (prediction of between 316,725 and 446,300 at the end of
1991)(Padayachee), with a doubling time of 8.5 months. It is widely

2. AIMS OF THE PROGRAMME ,

2.1 To raise awareness of AIDS anq initiate and develop preventive
programmes to reduce the spreau pf HIV infectiOn through
education combined with other means of intervention. The target
group will include squatters, rural areas, women, hostel dwellers
and youth.

AIDS workers (CAN’S). , 1

2.3 To improve the AIDS component’in all Primary Health Care (PHC)
delivery services (especially PPHC affiliated projects).

2.4 To encourage and pressure the government health services to
previde good quality health services and curative care for penple
with AIDS (PWAs) as well as to supply condoma as required to
effect this intervention programme.

3. STRUCTURE

The programme consists of local,-regional and national structures.
Maximum resources are invested at a Incal level. The regional and
national structures effectively support local pragrammes. In each of
the 7 ragions 12 Community AIDS Workers (CANS) will be selected,
employed and trained in the first year and another 20 CAWS added to
each region in the second year. CAWs will be selected With community

4. BUDGET IMPLICATIONS

First Year:
Capital Expenditure ’ R809,500
Recurring Costs , ’ ’ Rb.784,423
10% Contingency R759,392
TOTAL R8,:33,315

Second Year:
Capital Expenditure R146,600
Recurring Costs _ R12,156.326
52 Cantingency fR615,146
TOTAL R 12,918,072

Third Year:
Recurring : TOTAL 15,315,092

63/84/91 1 2: 35 KQG I SO TRUST 81 1 236427 683
NATIONAL AIDS PROGRAMME PROPOSED BY THE NATIONAL PROGRESSIVE PRIMARY HEALTH CARE NETWORK

1. INTRODUCTION

This proposal motivates for major funding for a national AIDS programme in South Africa, run through the National Progressive Primary Health Care Network (PPHCN).

The need for a nationally'coFOrdinated AIDS intervention programMe has been widely recognised within South Africa for some ttme nnW- The CDanPY ii at a Pllnixvulv narly stage in the epidemlc with 565 AIDS cases and 275 A109 related deaths reported as of March 4, 1991, and a reliable epidemiological estimate of between 119,069 and 167,782 HIV posifive South African: aL the end of 1990 (prediction of between 316,725 and 446,300 at the end of 1991)(Padayarhen, appendix A), wiLh a coupling Lime of 8;5 months. We can predict the same kind of outcome for the epidemic as other countries of Central and Southern Hfrira hit ir uilnl; ,Uhunulqyn :nnr nu-uthu;J .NHJJLluua mdx1m159 the spread 0? AIDS and promote maximum impact of the epidemic. In addition the government has to date been ineffective against AIDE. Its rPeponse hag inrlHdud a very HQyulee medza cambaign, a very slow responSe and very few resources put intn AIDS- It faces a rrisis 0t credibility which Immobxlizes it 'in the face of the AIDS epidemic. Without an intensive, nationally co" ordinated and crediblP intervention prograMme, AIDS W141 iihntago the diialuumcut Uf our QCDHBMV ahd the rebuilding of society in the post apartheid era.

The nrncess of consultatign haq taken tJmh ta reg.h Ihw ntag- whe'u PPHC can apply for the funding for this NatiOnal AIDS Programme. The Maputo Statement on AIDS (April 19?0) Nah DUF tiFH' maiur Han 1n rh1- Hiru-hi-u. Th- JuhwwLHL ta attached (Ahhvud$a' 5#-$D?' refEFEnCe pdrpdgee. It reflects the understanding of the progressive health organisations within the country and the African National Congress' (ANC) Health Department. It highlights the importance these organisations attach to AIDS. The conference prepased that participating organisations work through the National PPHC Network.

The National Progressive Primary Health Care Network is a national network of health' and development projects, programmes and organisations, established in 1987. It is the logical structure for a wide range of groups active on AIDS to combine forces. The regidnal PPHC AIDS structures involve more than 80% of the non gavernment organisations (N605) working on AIDS, and attract sympathetic health workers frOm the government AIDS services. PPHC has a unique capacity to involve existing AIDS resouPCes and integrate theae with the needs of community organisations. It has strong support and involvement from the progressive health organisations. It ,a.

03/84/91 12: 36 KQG I SO TRUST 81 1 236427 884
also has the backing of the ANC Health Department (formalised in decisions from the ANC AIDS Conference in May 1990 in Lusaka) and a variety of AIDS projects. It is elready khown to a range of communities especially through its members. The ground work has been done, and PPHC has deVeloped regional structures which will be able to Sustain a prograAmme of the scale proposed in this document.
The PPHC has a strang health orientation, but also includes community organisations and unions to a varying degree in Some regions. In the medium term the AIDS structure must develap beyond a health network to become a interusectoral co-ordinating structure with more active involvement of a representative range of unions, political and cammunity organisations. At this early stage of the epidemic, black communities have virtually no first hand experience of AIDS, so it has been health workers who presently lead the CaMpaign against AIDS. V
A number of people and projects are active on AIDS in South Africa, but their efforts do not add up to a camordinated strategy and cnuntrywmido programme Against AIDS. Resources arer focussed in a few urban centres. Same resources effectively only serve whites. PPHC AIDS activities attempt to overcame these problema, but are not making a substantial impact because of a lack of resources - there are no full-time workere and volunteers have limited commitments. The type of programme needed requires large scale resourcea, eSpecially in the form of full-time workers. There is a tremendous urgency about launChing a National AIDS Programme, but to be effective the programme must be implemented on the scale envisaged byuthis proposal.
2. AIMS OF THE PROGRAMHEe
2.1 Th95e will be effected on two distinct ways - 1) through the provision of AIDS personnel and operational support, and 2) through education, training of communitywbased personnel, and the promotion of preventive measures for HIV infection as outlined below. ’
2.2 To raise awareness of eAIDS and initiate and develop preventive programmes to reduce the spread of HIV infection thFOUQh education combined with other means at intervention. The target group will.-uineaude squatters, rural areas, women, hostel dwellers and youth.
2.3 To encourage and pressure the goverhmEnt health service: to provide good quality health services and curative care for peaple with AIDS (PWAS) as well as to supply condoms as required to effect this intervention Programme,

83/64/91 12:36 KQGISU TRUST 611 236427 684
2.4 To develop a communityebaSed AIDS interventiOn programme 1n the community through the training and support of credible community AIDS workers (CAw's).
2.5 To improve the AIDS compponent in all Primary Health Care (PHC) delivery services (esnecially PPHC affiliated projects).
2.6 To develop community suppert structures for people with AIDS (PwAs) and promote community acceptance of PwAs.
3. STRATEGIES
,0
The principles of nur strategy are defined in the Maputo Statement. .
3.1 Develop all programmes and intervention strategies in consultation with thee tqmmunity, and work through existing community, political and other organisations to reach out into the community.
3.2 Deal with the socio-political natwfe of AIDS.
A) The social and political factors which promote the spread of AIDS. These include the disruption of families (migrant labour system and forced removals), shortage of accommodation, poor wages and high unemployment (e5pecially for women and the youth), the virtual collapse of the educational system, the effects of urbanization and the disruption of traditional cultures.
I
B) The effects of AIDS; discrimination, inadequate health and welfare services, inadequate social security.
C) The politicization of AIDS intervention strategies in apartheid society because of past government action. The racially discriminatory mass media campaign and the association of condoms with birth control aimed specifically at limiting black births.
3.3 Build an existing organisatiOnel resource: rather than setting up a completely new AIDS structure. This means working through bath the National PPHC with its AIDS Structure and through existing organisations that represent communities.
id
9
Network resources and skills so as to max1mize progress on HIV/AIDS intervention, and reduce duplication and competiticn. A need to co-ordinate and deve10p standards for HIV/AIDS work in South Africa.

To deveiop an inter sectoral intervention approach to AIDS/HIV which will inczude unions, women, students, youth, ANS, education. cuiture. heaith, weEfare, the gay community, legal interventions, progressive news media and any other relevant sectors in the programme.
.
4. STRUCTURE FOR THE AIDS PROGRAMME
The programme consists of local, regional and national structures. Maximum resources are invested at a local level. The regional and national estroutures effectively support local programmes and their.roLe is to:o
l. Consolldate wark through sharing experlences and workshopping common approaches.
2. Training: AIDS specific, organising and running a programme and administration.
3. Problem solve and help lo&al workers become more effective. ,
4. Planning and evaluation: developing a Comprehensive programme. %
5. Sharing and developing resources so that the under h developed regions benefit from the strohP urban centres.
The National AIDS Prngramme will build on existing PPHC structures. However the scale of the programme requires dramatic development of the structure. The National AIDS programme will follow the existing PPHC structures. PPHC has a national committee with an executive based in Johannesburg and regional structures with a commgttee, co-ordinator and office. There are seven regions.
Regional AIDS structures exist in most regions. Several are impatiently awaiting funds in order to immediately implement the programme. Other regional structures need some time to develop with the assistance of national staff.
we need to develop the national and local levels of the programme. Many members are active at a local level, but activities need to be ca-ordinated and developed into a comprehensive strategy. The emphasis of the programme is local activity.
4.1 Local
The key to the programme is the Community AIDS Worker (CAw).
Role of the Community AIDS Worker (UAW):
Promote edUCatian programmes in community and political organisations as Well as to other targeted groups in the ht community.

63/64/91 12:37 KRGISU TRUST 011 236427 687
i To initiate greater community involvement and to train athers in the community so that the awareness, education and intervention multiplies and is not only depended on the CAW.
Promote the care of HIV positive’peOple and people with AIDS (PwAs). Develop qgmmunjty eccgptancg and mabfllse FHMMHnlthffanhullu ! wrr-.L _ ."na a: well as promoting sources for counselling, testing and medical care. ,
12 Community RYDQ wutkirs (annl wall be &mplownd in each at the seven regions in the f1ret_year with another 20 added in the second year. CANS will_work through the local structures onw could be based in existing PDHC aitlliated projects, community organisations, uninns or projects. CANS need to be agcauniahl$ to the COHMuniQieg ikex S&TVQ - uuul in their selection and in their work. 3
The CANS will be skilled people with secondary education and fIUEnt in Hfriran lonouonge/ Tugy Will need an organisatiunol understanding.. lT?aining will be very impartant. It will extend their skills in AIDS (adult educational and caunsellinq skills) and their ability to devetop and sustain the AIDS programme (management, planning, finance and evaluation skills). The traininq will always link ATHS to other Primary Health Cafe (PHC) Issues (prevention through 6081 FFF - Growth, Oral Rehydration, Breastfeeding, lmmunization/ Family Spacing, Female health, First Aid) and will deVelop a comprehensive PHC approach which includes a socio-political understanding of AIDS.
I
4.2 Regional
Regions will be similar in structure but with flexibility to respond to local conditions. There are 7 regions.
Existing PPHC QIDS Groups will set up the office, employ, train and backup employees. Community organisations will be drawn in thrnugh representatives on the regional PPHC AIDS structure. In some regions there will need to be more than one office and organiser to effectively service the region. (1 in the 0.F.S., 2 eachi in NE Transvaal, Eastern Cape, Border and w. Cape and 3 in Southern Transvaal and Natal). where possible they will share resources with PPHC regional offices.
4.3 National
This will be based in Johannesburg. There will be a national executive of a chairperson, secretary and treasurer (as with PPHC). The national cowardinating committee (AIDS Task Force) will be made up of the above 3 with 1 rep from each of the 7 regions and will meet at the same time and placa as the PPHC National Committee -w3 time a year.

03/64/91 . 12:38 KRGISU TRUST 811 236427 888
Natasha: workers: A national cahordiheter and a national adminxstrator. They will 21nk with the existing PPHC national co-ordinators and administrators.

5. IMPLEMENTATION

The programme is of necessity large and ambitious. we cannot wait for AIDS groups to evolve spontaneously. The programme intervenes to build AIDS programmes in areas where none existed and strengthen existing ones.

.0

This means employing staff twho can take responsibility for developing the programme and have credibility with the communities in which they will work. A careful and detailed selection process will he used that will include representatives of community brganisations from the area in which they will work.

The whole programme emphasises the CAM and the local level of work. Training is emphasised.lt is intrinsic to the setting up of the prugramme and is on going. We are painfully aware of the need to train tend strengthen management, finance and other organisational skills which are 50 lacking in disadvantaged communities in South Africa. Linked to this is the development of planning and evaluation skills. The programme is committed to a process of planning and evaluation in order to continually deve10p and adapt to be as effective as possible.

6. TIMETABLE FOR IMPLEMENTATION I

b J Raise funds and set up financial systeMS.

6.2 Set up offices and select, employ and train employees in the national office and in 3 regional offices (8. Transvaal, W. Cape and Natal).

6.3 National staff assist the other 4 regions to set up regional offices and select, employ and train regional employees.

6.4 Set up selection process and select CAWS ih Iotal communities. Train CANS.

6.5 Develop media and design a national media campaign.

6.6 Develop regional prograMmes and implement.

6.7 Build inter-sectoral structure and action.

$.Q By the end of the first year to review and evaluate the programme. Implement this evaluation.

6.9 In the second year to add 20 CAws in each region and continue to develop and strengthen the programme at a national, regional and local level.’

63/64/91 12:39 KQGISU TRUST 811 236427 889

7. LIST OF RESOURCES REUQIRED FOR THE PROGRAMME:

Salaries for 1 National Co-ordinator and Administrator

1 Salaries for 15 regional caeordihatorslorganisere and 7 regional administrators.

Salaries for 84 Community AIDS workers (CANS) in the first year and 224 CAws in the second year.

Vehicles x 15

Laptop computers x 12 in the first year and 7 in the Second year.

I Video presenter, overhead Projectgr and generators x 12 in the first year and b in the second year.

X-%

1 Office equipment.

Running costs.

I Training costs.

l Educational materials. i

National media campaign uiilising TV, radio and printed media and educational materials.

1 A legal fund to support legal interventions and test cases on discrimination etc.

8. EUROPEAN NON-GOVERNHENTAL ORGANISATIONS: ’

PPHCN together with the Kagisa Trust have identified two ENGOs to partner this initiative in Europe. Each has been chasen because of their skills and experience.

CAFDD in London has been chosen because of their longstanding committment to HIV/AIDS work in Africa (as well as Asia and Latin America) end because they have a Special HIV/AIDS department. Their SUpport will go exclusively to human _resource support for the pragramme.

One World Action, also in London, have idenLified work with HIV/AIDS as a priority area and their chairperson, Glyns Kinnock, is strongly committed to support in this area. The education, training and promotional aSpects of the programme will be their exclusive special area of support.

This division of labour and support is clearly indicated in the budgetlineg, though does not mean to imply a digecoordination, both agencies will be collaborating closely.

4 March 1991.