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[South Africa Material, 1997-1999] [1]

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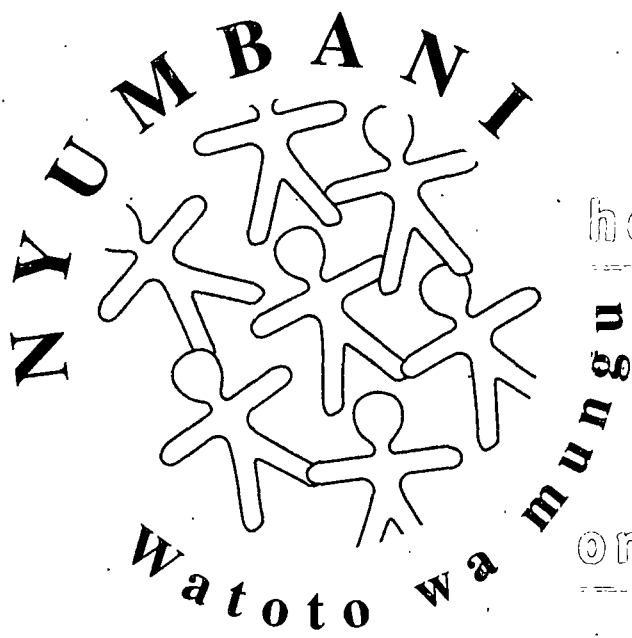
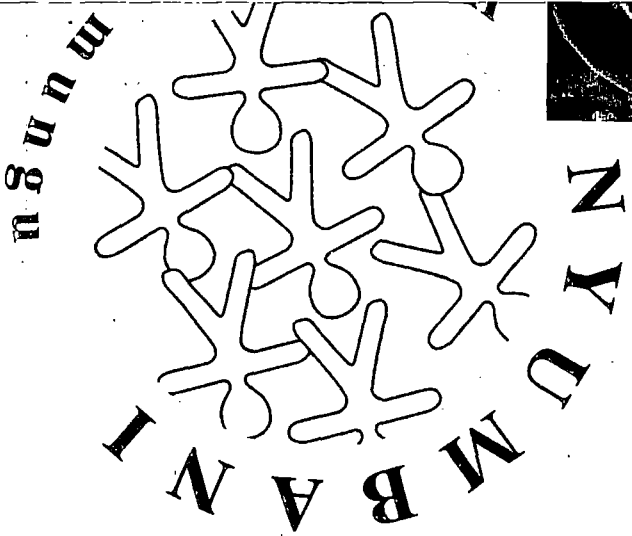
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the first

hospice for

HIV positive

orphans in

Kenya

Fax: 718711

Tel: 716829

Nairobi, Kenya

PO Box 21399



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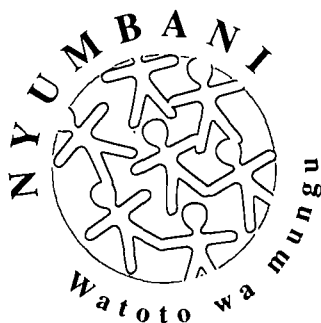
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(Certificate No. C72607) under the name

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nyumbani

PURPOSE NYUMBANI was founded because of a unique need to-day: the care HIV positive abandoned infants. The WHO has predicted a population of 120,000 HIV+ children in Kenya by 2000. The tragic fact is that some HIV + mothers assume, regrettably, that their children will not live, so they often abandon the child either at the maternity hospital or elsewhere. These infants all test positive at birth because of having their mother's anti-bodies; only one out of four, however, is actually infected. It is not until several months later that their true status can be known. The situation is, however, that most of these infants die of neglect due to their HIV label or through ignorance of the possibility of their not being infected.

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CONCLUSION The care of children with an as yet incurable disease may not seem a 'profitable enterprise' but it cannot be surpassed as humanitarian endeavor. Providing a stress-free, family life experience has been proven scientifically to mitigate the ravages of HIV infection. We believe our efforts can serve as a pilot



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Some of the girls in their new house.



A volunteer oversees children activities.



Sister Mary Owens and a new arrival.



Enjoying their new house.

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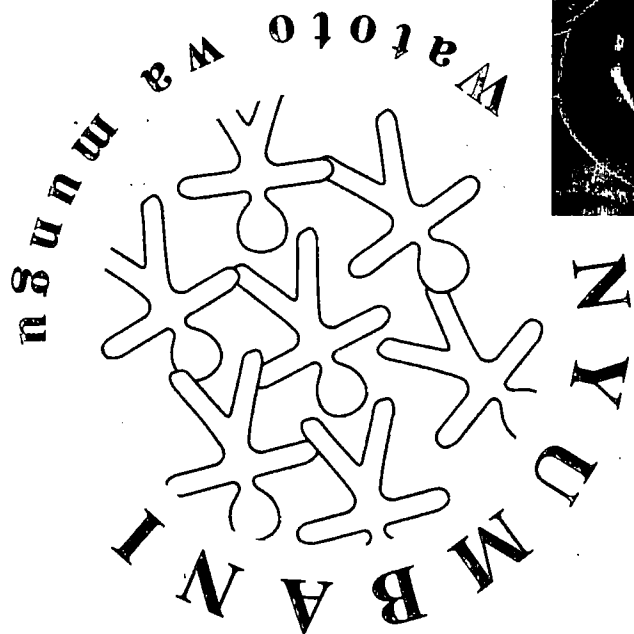


Sister Mary Owens and a new arrival.



Enjoying their new home.

a n i



nyumbani@users.africa online.co.ke

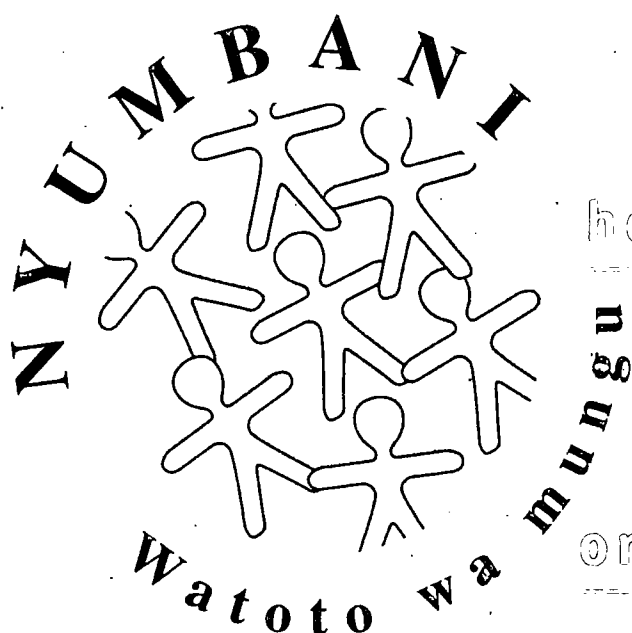
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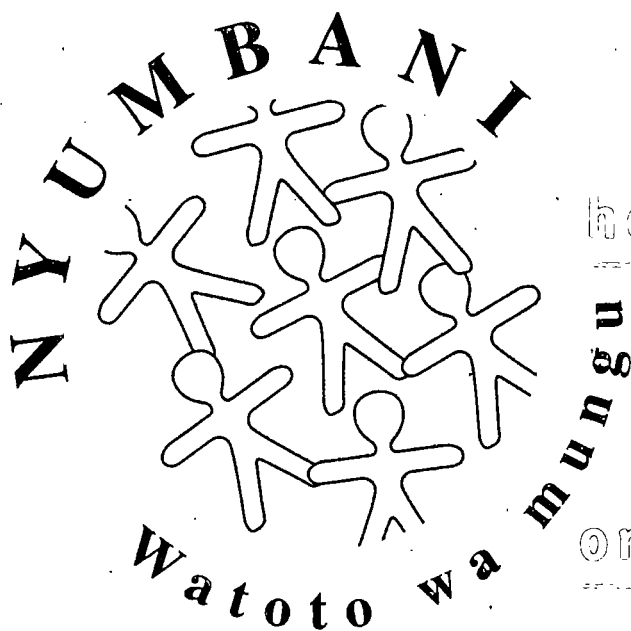
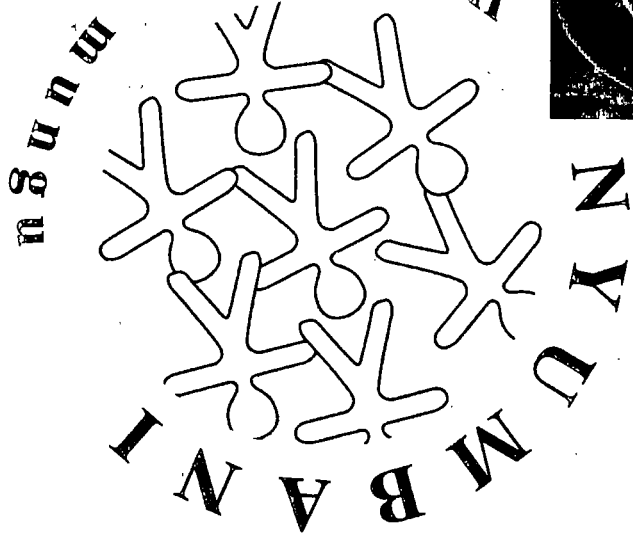
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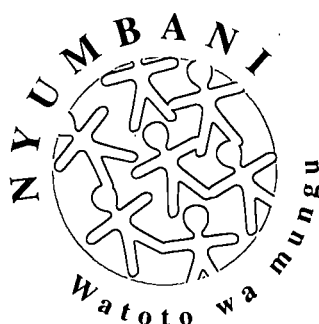
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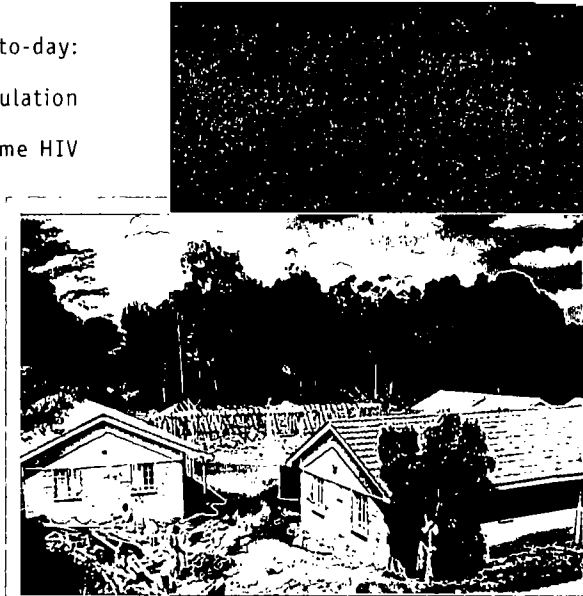
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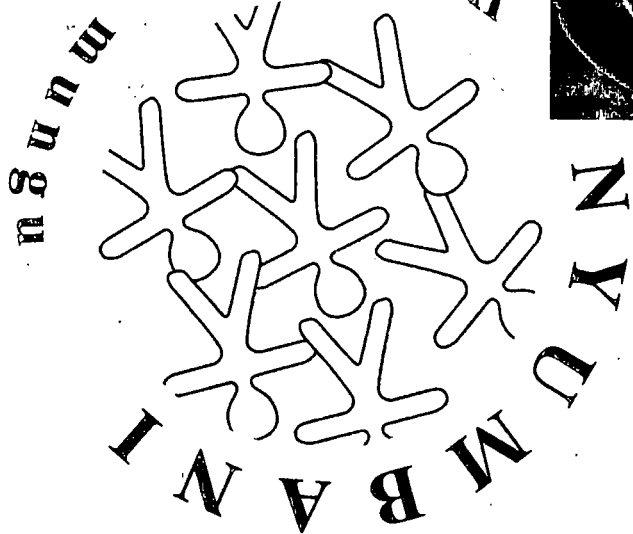
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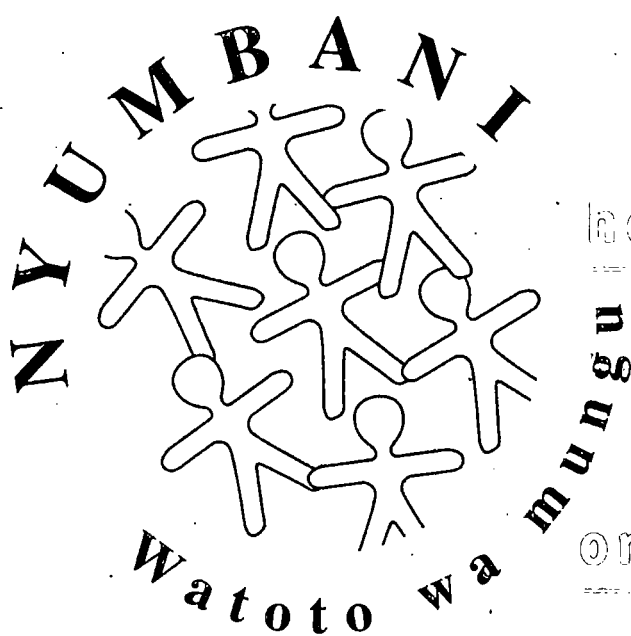


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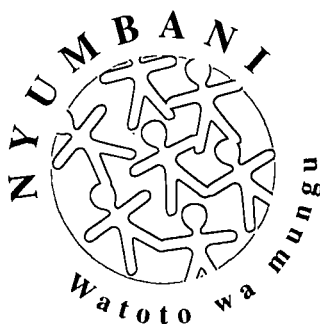
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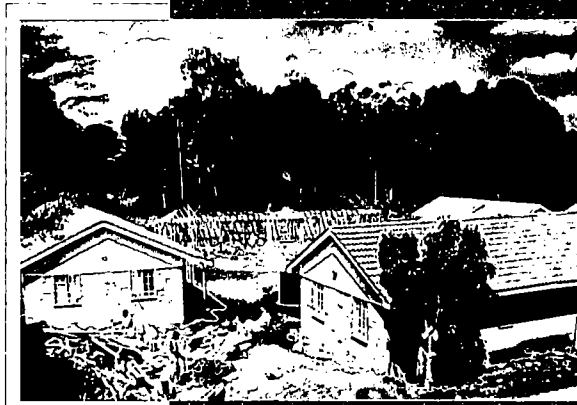
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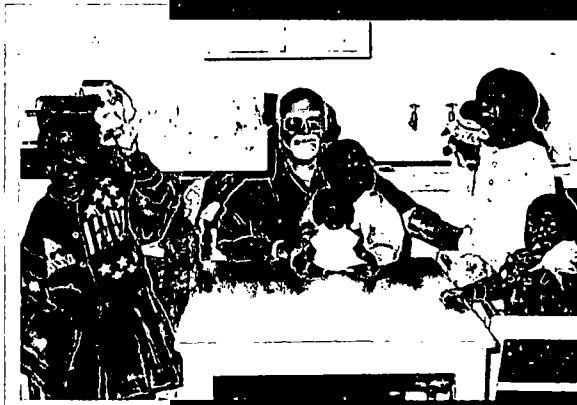
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Rose's Dept

11/97

DIRECTORATE: HIV/AIDS AND STDs

OPERATIONAL PLAN 1998/9: SUMMARY OF PROGRAMME ELEMENTS AND ACTIVITY AREAS

PROGRAMME ELEMENT	ACTIVITY AREAS	COMMENTS
Life skills programmes targeted at youth	Provide support to trained secondary school teachers Train primary school teachers Hand over life skills programme to DOE Develop curricula for tertiary institutions Pilot interventions for out-of-school youth	All activities in conjunction with the provinces and the DOE
Mass and targeted communication activities	Renew / extend / re-tender for agency to co-ordinate the "beyond awareness" mass communication campaign Train media personnel on HIV/AIDS Print and distribute small media materials Conduct campaigns eg WAD	<i>Agency to run mass communication campaign = EU</i>
Public relations, advocacy and partnerships	Survey public opinion of the National AIDS Programme Support advocacy activities Convene expert meeting to develop impact scenarios Develop advocacy materials	<i>Advocacy activities = USAID</i>
STD management	Training of trainers Improve STD treatment in the private sector Expand involvement of traditional healers Support pilot project in the Free State - periodic presumptive treatment of women at high risk Set up an STD Research Station	<i>TOT & private sector work = Dfid</i> <i>PPT = USAID</i> <i>Research Station = CDC</i>
Barrier methods	Develop guidelines for distribution, quality, storage, packaging, marketing, disposal Procure male condoms Procure female condoms Promote condom use by means of targeted campaigns Develop strategy to promote dual protection	Dual protection strategy to be developed in conjunction with MCWH <i>Part male condom procurement = EU</i>

Care, counselling and support	<u>Care</u> Develop guidelines on testing, occupational exposure breastfeeding, palliative / terminal care Develop protocols for men, women and children Develop guidelines on care across a continuum Conduct training on care Develop guidelines on drug / vaccine trials Develop and implement an HIV/TB programme Pilot MTCT intervention Support Montagnier Research Centre <u>Counselling</u> Develop counselling and testing best practice Strengthen and expand counselling training Support the lay counsellor and mentor programmes Improve access to VCT (voluntary testing and counselling) and establish additional testing sites Promote counselling Strengthen the Life Line help line <u>Support</u> Develop programme with DOW Develop strategies to deal with children infected and affected	Policies in the area of care to include: - HIV and TB - HIV testing - universal precautions, PEP - the HIV+ HCW - Code of Conduct for HCWs MTCT intervention implemented with MCWH and Nutrition Counselling training to expand to include TB, STDs, rape, couples counselling etc Support activities planned and conducted in conjunction with DOW
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Expanded response	<u>Government departments</u> Establish an HIV/AIDS focus in the Deputy President's office Support Inter-ministerial Committee and activities Support Inter-departmental Committee and activities Support workplace programmes Support sectoral programmes Train departmental co-ordinators in advocacy skills Support provincial inter-departmental activities <u>Civil Military Alliance</u> Support the CMA <u>Workplace</u> Facilitate and support co-operation with the private sector Facilitate and support co-operation with trade unions <u>Religious sector</u> Support mobilisation of the religious sector	? Advocacy training for departmental co-ordinators = USAID
Targeted interventions	Develop projects for groups at high risk eg prisoners	
Implementation of the National AIDS Programme	Maintain Standing Committees Convene national meetings and consultations Conduct on-site visits	
Community mobilisation	Develop and implement strategy to facilitate community mobilisation Support provinces to facilitate community mobilisation	
PWA involvement	Mobilise PWAs Improve meaningful involvement of PWAs Facilitate disclosure	All activities conducted in partnership with NAPWA
Gender and HIV/AIDS	Support National High Transmission Area project Initiate project for initiates Support networks of women living with HIV/AIDS Develop materials and conduct training on HIV and gender	

AIDS and development	Convene national meeting to promote understanding of HIV and development Train trainers on AIDS and development Identify research issues	
Legal and human rights programmes	Implement notification Draft law reform Develop Codes of Good Practice Conduct para-legal training Promote understanding of HIV/AIDS and human rights Develop policy and guidelines for insurance testing and counselling Develop media on AIDS and human rights	Continue to work with the SALC Conduct activities with communities, service providers and leaders
Surveillance and research	Implement the national surveillance programme Conduct the 9th ANC survey Monitor and evaluate components of the NAP Monitor progress towards implementing the Review recommendations Commission intervention linked research to inform implementation	Possible areas of research - evaluate the introduction of the female condom - microbicides - issues related to HIV/AIDS and development
Capacity building	Conduct needs assessment of NGOs Develop and implement capacity building programme based on needs assessment With NAPWA, develop and implement capacity building programme based on needs assessment of PWAs, 'FACES' and PWA organisations Conduct in-service training for staff Conduct training on M&E and developing programme indicators Conduct training on strategic planning Arrange study tour to Uganda	Principle: use NGOs to train / support NGOs <i>NGO needs assessment = Dfid</i> <i>Elements of capacity building = USAID</i> <i>Strategic planning = HRSA</i>

NGOs	Develop an integrated strategy for NGO funding Fund national NGOs Provide support to provincial NGO funding processes Develop monitoring tools for funded NGOs	Devolution of the NGO funding function should be initiated
Administration	Provide for VAT for donor funded projects Access ad hoc expertise Participate in regional (SADC) meetings Send delegate to International Conference (Geneva) Facilitate donor co-ordination on HIV/AIDS	<i>Certain T.A. = Dfid</i>

British Development Division in Southern Africa

303 Infotech Building
1090 Arcadia Street
Hatfield 0083, Pretoria

Department for International Development

Phone : 27 12 342 3360 Fax : 27 12 342 3429

BRITISH DEVELOPMENT COOPERATION IN SOUTH AFRICA

FACTSHEET 3 : HEALTH

Overall expenditure on health in South Africa compares very favourably with many countries in Africa. However this masks enormous disparities between the high cost, high quality of care available to the affluent and the poor services available to the majority. Prior to the national elections in 1994 the responsibility for provision of services was divided between 14 different health authorities. Fragmentation, compounded by inequitable distribution of resources, has meant that for most the services were both inaccessible and of poor quality; the system was also very inefficient. The Government has committed itself to the "complete transformation of the entire delivery system". The new national health service will be based on a single unified National Health Authority which will work with the nine Provincial Health authorities. They will provide support to the District Health authorities who will eventually be responsible for ensuring equal access to and delivery of all PHC services.

DFID has agreed with Government to direct its support to health to two key areas:

- **The development of a comprehensive package of efficiently managed basic health care services, which are available to all, especially the poor;**
- **Improving the effectiveness of reproductive health care, including family planning and Sexually Transmitted Diseases/AIDS.**

Current Projects

Basic Health Care Services

- ⇒ *Assistance to the Department of Health - Know How Fund* : support for the planning and implementation of a new national health service. In particular the areas of the introduction of norms and standards, health care finance and contracting out, in order to extend the coverage and improve the quality and effectiveness of Primary Health Care services. £1 million.
- ⇒ *Human Resource Development and Organisational Management* : support to strengthen the capacity of the Human Resource Division in Pretoria, and train a new cadre of mid level and senior managers. £1.8 million.

- ⇒ *Essential Drugs Programme*: To support the adoption of an essential drug list at primary, secondary and tertiary levels, together with the adoption of standard treatment and prescribing practices throughout the public sector. £3.6 million.
- ⇒ *Assistance to Provincial Health Authorities* - support to the Northern Cape, North West and Northern Provinces. These projects concentrate on the training of health service professionals and managers to deliver a primary basic service which is accessible to all, and the development of more efficient organisational structures. £1.7 million.
- ⇒ *Transport Management* : To develop appropriate management systems for the more effective use of transport in NW and N Cape Provinces. £350,000.
- ⇒ *Alexandra Health Clinic (AHC) and Institute of Urban Primary Health Care (IUPHC)* - Support for a model for urban primary health care services which is accessible, affordable and appropriate. £2.5 million.
- ⇒ *Rural Foundation's Lay Health Worker Programme* : Development of a model of primary health care appropriate to the rural setting. The programme serves the black farm worker communities on the large commercial farms who have little access to government health services. £1.3 million.
- ⇒ *Health Systems Trust* : Support for the development of effective District Health Systems which enable all South Africans to have access to a comprehensive package of health care. £650,000.

Reproductive Health

- ⇒ *Social Marketing of Condoms* : To make condoms more widely available through non-traditional outlets such as bars, spaza shops and street vendors to reduce the spread of HIV, and to reduce the number of unplanned pregnancies. £3.7 million.
- ⇒ *Reproductive Health Unit, Johannesburg Metropolitan Council* : To develop and implement models of comprehensive reproductive health services, which offer accessible and appropriate services to all within the Greater Johannesburg area. £700,000.
- ⇒ *Planned Parenthood Association of South Africa* : To develop models for reproductive health services for the least served groups, particularly young people, and those living in townships and informal settlements. £1.9 million
- ⇒ *Reproductive Health Research Fund*: to support high quality operational research which will inform and influence policy and practice, and result in increased access to reproductive health care services £500,000.
- ⇒ Support for the National AIDS Programme. A resource centre to help increase the effectiveness of this National Programme. £800,000.
- ⇒ Support for STD/HIV control in the mining industry. To provide access to STD prevention and treatment services in the mining communities of Welkom and Carltonville.

Planned Initiatives

Support for effective maternal health services, including counselling and family planning, to reduce maternal morbidity and mortality.

Strengthening Provincial Primary Health Care Services.

Poverty Reduction Project: Khayelitsha Township.

BDDSA, October 1997

EU BUDGET SUPPORT FOR THE AIDS PROGRAMME

1. MOTIVATION

The HIV/AIDS and STD Programme is a Presidential Lead Project based within the Department of Health. In the past this status has qualified the Programme for financial support from donors such as the European Union as well as through the RDP. During 1997/8 this aid will cease representing a significant reduction in the budget at a time when the epidemic requires an expanded and vigorous response.

2. PROGRAMME DESCRIPTION

The mission statement of the National HIV/AIDS and STD Programme is *To reduce the transmission of STDs (including HIV infection) and provide appropriate treatment, care and support for those infected and affected, through collaborative efforts within all levels of government, using the NACOSA National AIDS Plan as the terms of reference. The Programme is committed to challenging prejudice and discrimination wherever it occurs.*

The broad objectives of the Programme encompass three main priorities relating to prevention, care and support, and mobilisation which are further described as follows:

1. Prevent HIV transmission
 - prevent sexual transmission
 - prevent transmission through blood
 - prevent perinatal transmission
 - promote policies and programmes which address changes in the socio-economic conditions predisposing to the spread of HIV
2. Reduce the personal and social impact of HIV infection
 - provide counselling, care and social support for persons with HIV/AIDS, their families and the community
 - provide social welfare services for persons with HIV/AIDS, their families and the community
 - reduce the macro-social and macro-economic consequences of HIV/AIDS
3. Mobilise and unify national, provincial, international and local resources
 - mobilise commitment, support and resources
 - strengthen national, provincial and local capacities to respond to HIV/AIDS
 - strengthen international efforts in the Southern African region

3. PROJECT DESCRIPTION

Within the broad strategy of preventing HIV transmission are a number of programme areas, namely:

3.1 Awareness activities whose goals are:

- To popularise key prevention and care concepts as well as positive social norms and values
- To promote the public's understanding and acceptance of the National HIV/AIDS and STD Programme
- To create opportunities to personalise the risk and impact of HIV/AIDS by people living with HIV/AIDS

One objective to achieve this goal is **alia to create, implement and co-ordinate a multi-media mass communication strategy at National and Provincial level**

3.2 Prevention activities whose goals are:

- To promote protective behaviour amongst the youth
- To prevent sexual transmission by the promotion of safer sexual behaviour, the adequate provision of barrier methods and the control of STDs

One objective to achieve this goal is to **promote and distribute barrier methods** (male and female condoms)

3.3 These two objectives, namely a mass communication strategy and the promotion and distribution of barrier methods (specifically male condoms) are the foundation of the proposed projects and are, in addition, integral components of the 1997/8 Operational Plan. (See attached extracts)

1. MASS COMMUNICATION STRATEGY
2. PROMOTION AND DISTRIBUTION OF BARRIER METHODS

ACTIVITY	BUDGET	OUTPUTS	INDICATOR
1. Appoint an agency/ies to run a national "beyond awareness" mass communication campaign	R1,75m Jan-Mar 1998	Radio advertisements Small media materials Public fora Private sector initiatives	Increased knowledge of key prevention and care concepts
2. Purchase and distribute male condoms	R17 790 800	Male condoms in public health facilities and workplaces	Increased number of protected sex acts

3.4 NOTES:

3.4.1 MASS COMMUNICATION STRATEGY

Detailed specifications have been developed for the tender for an agency/ies to run the "beyond awareness" campaign (see attached). The first contract with the agency/ies will run from 1 July 1997 - 30 June 1998, following which a further tender will be awarded for a second 12 month period. The funds required to pay the agency/ies in 1997/8 were to have been allocated from the unspent funds (for 1996/7) in the Chief Directorate: National Programmes (roll-over funds). At this stage it has been confirmed that these funds are

unlikely to be approved and will have to be found from some other source.

It is proposed therefore that the agency/ies be paid from 1997/8 departmental funds for 6 months (i.e. July - December 1997) = R3,5 million and from the EU budget support for the balance of the financial year - R1,75 million. The costs for the final quarter of the contract period - R1,75 million for April - June 1998 financial year will be funded from 1998/9 departmental budget.

The total EU budget support for the mass communication strategy would thus be R1 750 000 (from the 1997/8 allocation).

3.4.2 PROMOTION AND DISTRIBUTION OF BARRIER METHODS

A total of approximately 14 million condoms are distributed per month in all provinces. EU funds (from the existing HIV/AIDS and Technical Assistance contracts) and departmental funds totalling R19 104 600 are available for the purchase of male condoms in 1997/8. However, R28 million is required for the estimated 140 million condoms which will be required by the end of March 1998 (leaving a shortfall of R8 895 400).

Assuming an increased departmental budget for condoms in 1998/9 which would cover the allocation presently constituting part of the EU contracts and assuming no increase in condom demand or price, there will be a shortfall of R8 895 400 in both 1997/8 and in 1998/9.

This would require EU budget support of R17 790 800 - R8 895 400 from the 1997/8 allocation and R8 895 400 from the 1998/9 allocation

Grand total for EU budget support: = R19 540 800
R10 645 400 from the 1997/8 allocation
R 8 895 400 from the 1998/9 allocation

4. ASSUMPTIONS

The above proposal is based on a number of assumptions:

- 4.1 The departmental budget in 1998/9 will be increased to cover those on-going activities currently provided for in the EU contracts.
- 4.2 The recommendations for the National Review planned for July 1997 will:
 - endorse a continued mass communication strategy and
 - will not require a significant increase in the number of free male condoms
- 4.3 Condom procurement will continue to be a national function (to benefit from economies of scale).



Local nurses meet visitors from
ATIC, NAPWA and PPASA



TEAM TRAINING

DRAMAIDE
Grahamstown Foundation
PO Box 304
6140

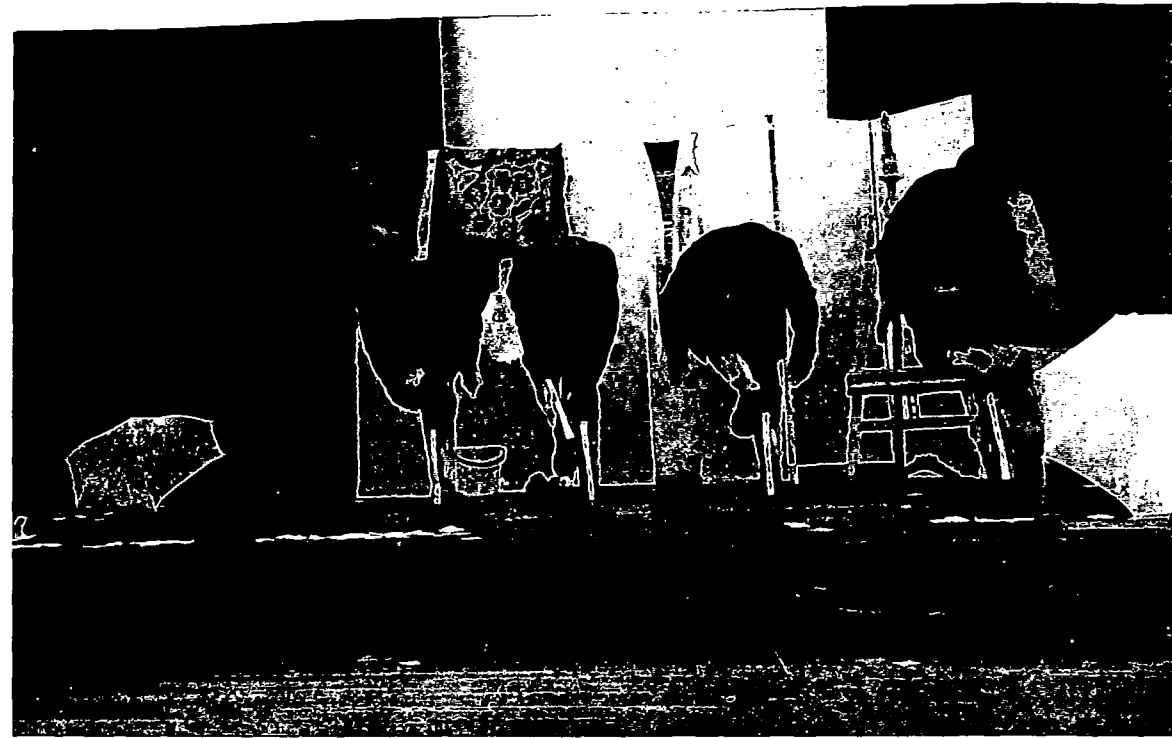
SOME DOCUMENTATION OF OUR 1997 ACTIVITIES



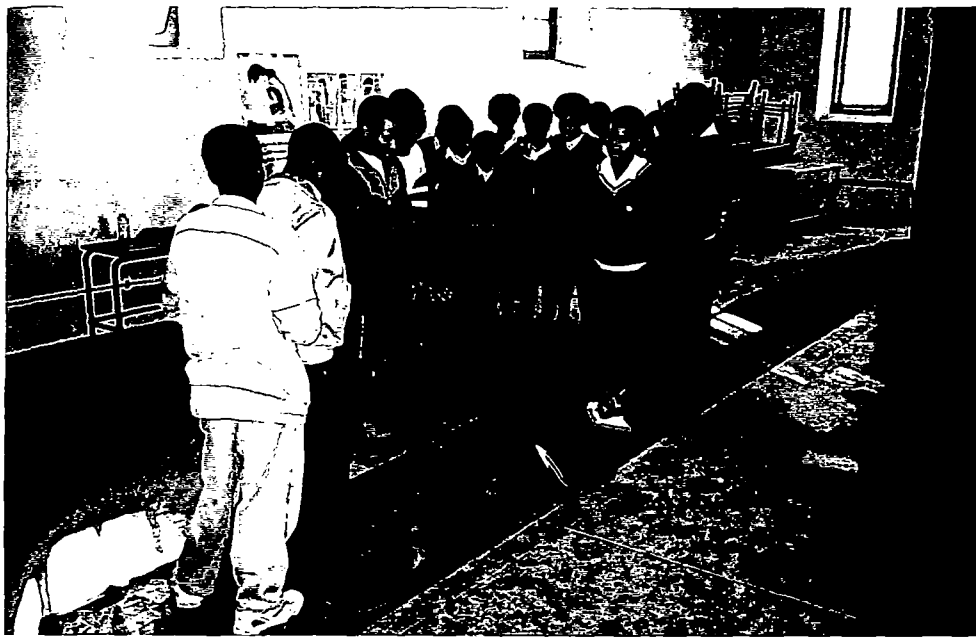
The TEAM: Likhaya, Gray, Bongani and Lisa

© Contact: Likhaya Ngandi
TEL: 0461- 27115 ext 234 FAX: 0461 - 27462 CEL: 082 77 10010

the *PLAY*



A young **IMBONGIKAZI** welcomes the mayor at our **PARAIDE...**



lifeskills **WORKSHOPS**



A **YOUTH GROUP** teaches about breastfeeding for HIV babies

a workshop with **PPASA**



Streetchildren from Daily Bread Shelter performed **GUMBOOT DANCING**

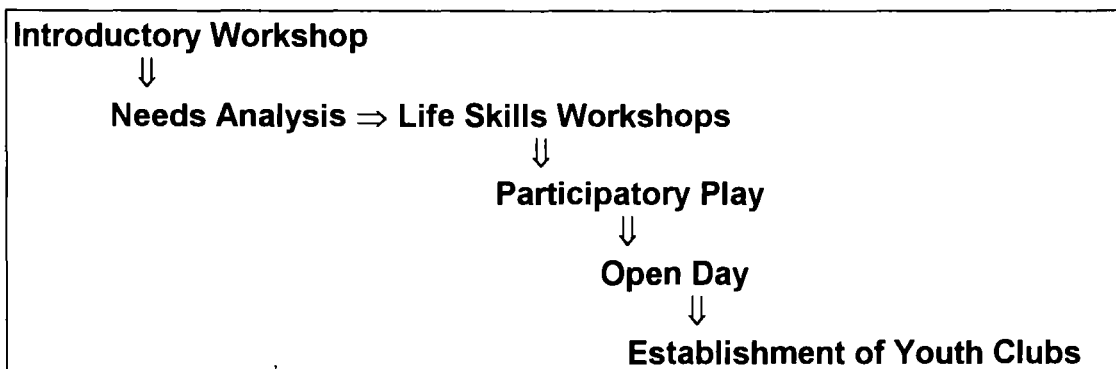
WHAT IS DRAMAIDE?

DramAidE stands for **Drama** approach to **Aids** Education. DramAidE, Eastern Cape is a team of four actor-facilitators who use drama to teach about HIV/AIDS, aiming to influence ATTITUDES and BELIEFS about SEXUALITY and "responsible behaviour".

In 1997 we worked with 15 schools in the Eastern Cape area. We use a participatory-action-intervention which is a multi-phase process, i.e. we visit each school several times. Pupils do not just watch - they take part in the action of the play.

THIS IS NOT A ONCE-OFF PLAY

The full intervention process compromises the following phases:



The **introductory workshops** establish an open working relationship with the school, enabling us to assess the level of HIV/AIDS awareness.

Life skills workshops focus on communication, confidence, assertiveness, decision making, negotiation skills (esp. within the context of sexual relationships), building self-esteem and understanding oneself within the larger context of the community.

The **participatory play** gives pupils the chance to take the stage and assume some of the characters' roles. This allows pupils to come up with their own resolutions to problems posed. We call this the opportunity to **rehearse for life**.

The play is both informative, and visually and theatrically attractive. We take a **MULTI- MEDIA APPROACH**, including many styles and genres i.e. dance, poetry, puppets, masks, mime, rap and music. We use English, Afrikaans and Xhosa to accommodate audiences from different cultural backgrounds.

SKILLS DEVELOPMENT includes:

- briefings on health information, research developments and statistics from regional HIV/AIDS counsellors
- training at Rhodes University Drama Department.
- various workshops on Educational Drama and Theatre for Development
- developing and working with drama groups at local schools; i.e. training pupils in communication skills and assertiveness

OTHER ACTIVITIES

- part of the Provincial HIVAids Task Team.
- lecture demonstrations at local Schools Festivals
- street performances during the Standard Bank National Arts Festival
- workshops for children in the township

WHO DOES DRAMAIDE BENEFIT?

Teachers are provided with the correct information about HIV/AIDS, and made aware of the need to speak frankly with pupils. The project also provides a stimulus for further health-related classwork.

The whole **school** benefits as the open day is a way of empowering the school as a source of education and pride in the community. Also, the money provided for the open day can be used for developing health-promotion facilities.

Pupils are given the opportunity to speak openly about sexuality, sexual behaviour and are empowered to face the taboos, risks and decisions raised by the reality of HIV/AIDS in our community.

The benefits of the project extend to the **broader community** as pupils are encouraged to involve the community in informative and enjoyable open days. Also, pupils are made aware of the need to provide support and care for those suffering from HIV/AIDS.

DRAMAIDE, EASTERN CAPE

1998

2

Contents

1.	Executive Summary	2
2.	The Organization	
2.1	Description	3
2.2	Stakeholder and Networking Partners	4
2.3	Community Involvement	5
2.4	Volunteers	5
2.5	Organizational Capacity	6
2.6	Link to umbrella bodies and National Structures	7
3.	Plan	7
3.1	Problem Statement	7
3.2	Aims and Objectives	8
3.3	Target Groups and Target Areas	9
3.4	Motivation	9
3.5	Schematic Plan	10
3.6	Narrative Plan	13
3.7	Monitoring and evaluation	16

1. EXECUTIVE SUMMARY

DramAidE stands for **Drama Approach to Aids Education**.

DramAidE, Eastern Cape is a developmental programme dedicated to HIV/AIDS education through drama. **Life skills courses** are offered in schools, concentrating on sexuality, preventing HIV/STD infection and developing self esteem. **The Project** is administered by the **Grahamstown Foundation with DramAidE as a joint partner**, through an advisory committee with a variety of stakeholder representatives.

In **1996** and **1997** the project focused on **participatory-action-intervention** in schools with the aim of facilitating critical awareness, providing information and developing skills. The project aims to affect young people's self image and ways of living together in relationship with each other and the environment.

In **1998** **DramAidE** intends to **expand** into **new schools and into teacher training**. Future teachers are given life skills, HIV/AIDS and sexuality training and introduced to **drama** as a **teaching methodology**. Teachers are regaded by the project as mediators of the HIV/AIDS pandemic between the community and young people.

Funding is needed for **follow up assessments** in schools visited during 1997, **participation-action-intervention** in new schools (including the creation of a dynamic, vibrant play), **teacher training workshops**, **life skills workshops** with community groups, interaction with **tertiary institutions** for the Beyond Awareness Campaign, the establishment of **Resource Centres** and participation in **festivals** and **events** such as World Aids Day.

Beneficiaries of teacher training will primarily be **student teachers** with a view to their **future contact with pupils** as secondary beneficiaries.

Follow up assessment of schools previously visited plus the multi-phase interventions into new schools, will benefit **practising teachers and pupils**. as **DramAidE** will also benefit from the information received as a result of the evaluation of working methods and the impact on the pupils.

In turn through **OpenDays** and the establishment of **Youth Clubs** the **wider community** will be reached and **Resource Centres** will ensure **community access** to Aids information. **DramAidE's** participation in festivals and events will educate the **broader public** and establish **DramAidE** as an HIV/AIDS resource organisation. **Life skills workshops** will benefit **community organisations**. The Beyond Awareness Campaign will ensure greater HIV/AIDS awareness among **students** and motivate them and their institutions into action concerning HIV/Aids.

DramAidE is consistently **evaluated** both **internally** (by the team members) and **externally** (by Dr Kevin Kelly, at the Rhodes University Psychology Department). Reports are available upon request.

The key benefits of DramAidE's work lie in its ability to create awareness concerning HIV/AIDS and related sexuality issues in a non-threatening, dynamic way.

2. THE ORGANISATION

2.1 DESCRIPTION

The Foundation

The Grahamstown Foundation has been in operation for over 25 years and deals with a wide variety of Education Projects, Festivals and conferences. The growth of the organization has been steady and there are over twenty national, provincial and local education projects operating at present. Several more are awaiting funding. The Foundation is accredited as an Educational Institution by the Eastern Cape Education Department.

The Eastern Cape DramAidE project is a joint project administered by the Grahamstown Foundation in a partnership with the national DramaAidE organization.

The DramAidE Project

DramAidE started in KwaZulu Natal in October **1992**, and has been running successfully in schools, bringing together educationalists from universities, government and local communities. Intensive evaluation of this project has produced findings that "the expressive arts has been an exceptionally appropriate way of introducing and nurturing AIDS and life-skills education" (Act Alive booklet 1995).

Teams in the Eastern Cape and Gauteng each initiated a **pilot project in 1996**, using very different team compositions, and following different intervention strategies, networking and evaluation. The Eastern Cape project was initially based at the Rhodes University Drama Department, employing six full time workers. In 1997 it moved to the Grahamstown Foundation.

The Eastern Cape **original brief** was to develop a replicable model for using drama methodology in teaching school pupils about HIV/AIDS, aiming to influence attitudes and beliefs concerning sexuality and

“responsible behaviour”. Nine pilot schools were targetted in 1996 and the number increased to 15 schools in 1997.

The DramAidE Project has also been **involved with** the Provincial HIV/AIDS Task Team, lecture demonstrations at local Schools’ Festivals, workshops for children in the township, workshops for the SAADYT Conference in 1997, street performances during the Standard Bank National Arts Festival and extensive networking with health clinics, community based organisations and other NGO’s.

Major achievements: DramAidE has been successful in accessing schools and thereby creating greater HIV/AIDS awareness in pupils, teachers and parents. Training individual team members (which includes graduates and non-graduate community theatre practitioners) to work cohesively has also been an achievement.

Major challenges: The major challenge for the DramAidE Project is to secure continuous funding so that long term planning can be done for the accessing of schools beyond the Albany District, and establishing drama as an invaluable teaching methodology. A positive challenge also arises from dealing with the different language backgrounds of team members and the schools visited !

2.2 STAKEHOLDER AND NETWORKING PARTNERS

The Foundation

The Foundation Council involves representatives of many stakeholder groups, including the local community; and projects have advisory bodies which include representation from the many varied stakeholder groups as well.

The Foundation has numerous bodies and organizations in this category, among which are Education Departments and Departments of Culture, Youth and Sport in most of the nine provinces, as well as the Central Government Department, national and local NGO’s (eg Molteno, Read, Rumep etc) as well as a wide variety of corporate and business partners. The Foundation is a member of the Provincial and National NGO Coalitions.

The Dramaide Project

The DramAidE Project’s networking partners include the Health Department, Education Department, Local Health Services and other

NGO's/CBO's. These include Tanyti Clinic, Settlers Hospital, Hospice, ATICC, AREPP and PPASA.

2.3 COMMUNITY INVOLVEMENT

The Foundation

The Foundation obtains community input through the representatives on the Foundation Council and by working closely with community leaders (eg majors and city councillors). Project also have local representation (eg The Sakhisizwe Primary Farm School Project has cluster committees consisting of teachers, parents and farmers)

The DramAidE Project

DramAidE works with the community specifically in connection with the **Open Days** and **Youth Clubs**. The Open Days include pupils, teachers, parents and other interested parties, who come together to present HIV/AIDS related issues in different artistic ways. The establishment of Youth Clubs involves pupils in making others HIV/AIDS aware.

DramAidE is constantly invited to work **with local clinics** and NGO's like **PPASA**. It is also involved with **conferences** on HIV/AIDS and Educational Drama and Theatre such as the SAADYT Conference.

Feedback is invited from everyone involved with the project, thus ensuring continued community interest in the work of the project.

2.4 VOLUNTEERS

The Foundation

The role of volunteers is crucial in the running of the Foundation. All members of the Council, Executive and advisory committees render their service on a voluntary basis. Volunteers are also involved in certain of the projects in active service.

The Dramaide Project

Teachers work as volunteers on our behalf in organising interventions in their schools. They assist us with needs assessment and Open Days. **Nurses** volunteer their support in organising events aimed at the entire community such as our recent ParAidE for World Aids Day. In establishing Youth Clubs with us **pupils** volunteer to become involved in HIV/AIDS awareness. DramAidE in turn often offers support in providing resources such as pamphlets, posters, paints etc.

2.5 ORGANISATIONAL CAPACITY

The Foundation - strengths

Besides its extensive facilities and resource material, the Foundation has professional educators and skilled project managers who run the projects which have existed for over twenty years nationally, provincially and locally, within its employ. These people are always available for consultation and numerous people on the contact list that the Foundation has built up over years also are always willing to render service in whatever way they can.

The DramAidE Project - strengths

DramAidE's **present strength** lies in its association with the Grahamstown Foundation. The Foundation gives access to numerous resources such as rehearsal space, office space and transport. The location of the project in a Foundation Directorate which includes numerous other education project ,gives access to a wide range of professional expertise and local experience and knowledge. The composition of the team itself, including graduates and non-graduates, is a strength which allows for diverse perspectives within the project.

The Foundation - capacity needs

The two primary continuing capacity needs are to recruit Black staff and train competent managers for the projects. In Education Projects, specific effort is made to encourage Black applicants for all posts. At present 50% of the project staff are Black. Ongoing training for management is done by attending courses and by on the job capacity training done by the Director through a one-to-one daily consultative approach. This process includes both Black and White managers.

The DramAidE Project - capacity needs

Present challenges include adequate team training and long term stability. DramAidE consists of a team of well trained and experienced **performer-educators**. Two team members have **Honours Degrees** in Drama and the other two are **community based artists** who have been involved in the field of the performing arts for ten years. Team members have been trained in **performance, AIDS information and counselling** and **Educational Drama and Theatre** methodology including **facilitation skills**. Team members have been involved with DramAidE since its inception in 1996 allowing for an **accumulation of experience** with this kind of work within the team.

2.6 LINK TO UMBRELLA BODIES AND NATIONAL STRUCTURES

The Eastern Cape and Gauteng **pilot projects** that were initiated by DramAidE KwaZulu Natal, operate under the umbrella of **DramAidE KwaZulu Natal**. KZN provides guidance as to the fundamental principles underlying DramAidE's work, thus we regard it as our head office. KZN suggests and advises on a way forward for our work in the Eastern Cape. They provide background support and knowledge for our work. The Pilot projects operate autonomously within a consultative framework and keep KZN constantly updated on progress. The process of forming a national body has been initiated. Support comes from the **Grahamstown Foundation** on a daily basis.

Funding for the pilot project in 1996 and 1997 was received from the **National Health Department** through KwaZulu Natal. Previously we have relied heavily on KwaZulu Natal DramAidE for our funding, ensuring continuity and possible sustainability. We are looking for this financial support from our own Provincial Health Department now that the National Government has passed responsibility on to the Provincial Governments.

3 PLAN

3.1 PROBLEM STATEMENT

Young people at school in South Africa are appropriate **targets** for life and survival skills, especially in the face of the HIV/AIDS pandemic. It spreads along the **fault lines of society** to target those most marginalised and disadvantaged.

It is clear that **teachers**, along with health workers, **will bear the brunt of the epidemic**. They will be the people who will have to face most starkly the dreadful toll which this disease will take on our children and communities. Teachers will have to be able to teach classes in which children are facing the loss of siblings, parents and family members. They will have to cope with dealing with a parent body in which there are many ill and dying people, and they will have to come to terms with the infection of possibly themselves, and of their colleagues.

They will need to become **skilled in understanding** loss, death and dying and also be able to teach under those conditions.

Clearly, teachers will not be able to bear this burden alone. The **importance of the peer group** amongst adolescents and young adults is well known. Young people must be taught about this epidemic so that they can provide each other with **accurate information**. They are also

central in controlling this pandemic, as they are highly influential agents of change. The giving of mutual support in Health Clubs, that work with teachers, parents and other caregivers, will be an additional positive influence towards survival.

Teachers and young people will only be able to **deal with these crises** if they are **educated** in a number of ways. They need to recognise the risk of infection, to understand basic facts about the virus, to recognise its links with sexual preference, drug use, sexual abuse, pregnancy and rape. Aspects of teaching HIV and AIDS, need to enable them to **examine** their own **attitudes** and **prejudices** and to understand how **South African society** has responded to HIV.

The development of **health promoting schools** as resource centres for communal communication, community education and activities that promote self-esteem and independence, is a feasible plan that provides some **hope for a better future** for young people.

3.2 AIMS AND OBJECTIVES

Informed by **action research**, and in partnership with young people and their teachers, DramAidE:

Aims

- * to **facilitate critical awareness**
- * to **provide information**
- * to **develop skills** to build a social awareness that acknowledges the right to health and well being for everyone.

In the face of the HIV/AIDS pandemic life skills have become survival skills resulting in the following:

Project Objectives:

- * to **promote HIV/AIDS awareness** amongst adolescents and young adults initially, and then through community activities amongst people in general
- * to **engender confidence and knowledge** of HIV/AIDS and related issues amongst teachers
- * to **promote drama** as an experiential **teaching methodology** which includes life skills training as drama can be used as a "rehearsal for life".
- * to **provide** the community with relevant **resources**
- * to **encourage** support and care for PWA's

Funding is needed:

- * to **target new schools** in 1998 to increase HIV/AIDS awareness amongst teachers and students, including the establishment of *Resource Centres*.
- * to initiate **teacher training programmes** in teacher training colleges including life skills and HIV/AIDS awareness and sexuality issues.

3.3 TARGET GROUPS AND TARGET AREAS

- * **Pupils and teachers** in participating schools are targetted through a participatory-action-intervention.
- * **Parents** and the **community at large** are targetted through the Open Day phase of the intervention.
- * **Student teachers** in training colleges.
- * **Health services** and **other NGO's** as networking partners.
- * **Rural areas** in our province.

Plans are presently being made to target areas **beyond the regions in which we have previously been operating**. We will follow up on previously targetted schools, moving on to new schools and teacher training colleges in 3 region, with a view to moving further afield in the 1999.

3.4 MOTIVATION

The Eastern Cape is a large province that would benefit enormously from the establishment of **support networks** with regard to HIV/AIDS, to supplement the work of the Provincial and National Health Departments. This project works to decrease the high rate at which the virus is spreading.

In promoting HIV/AIDS awareness, DramAidE seeks to reaffirm the fact that **prevention is a significant weapon** against the pandemic. In targeting schools and teachers, we ensure a greater dissemination of HIV/AIDS knowledge in the generations to come.

3.5 SCHEMATIC PLAN

Objective 1: Schools follow up

Intervention:

- * *Contact ± 5 schools previously visited in 1997*
Outcome: To re-establish contact
Time Frame: January/February 1998
Indicator: Response from schools for follow up activity

- * *Organise focus groups within the school for questionnaires and discussion*
Outcome: To evaluate project impact (Dr Kelly).
Time Frame: Beginning February until June 1998
Indicator: Response from the pupils in the questionnaires.

- * *Motivate schools to hold Open Days.*

Outcome: Holding of Open Day
Time Frame: March - November 1998.
Indicator: Response of the community to the Open Day

- * *Help establish Youth Clubs*
Outcome: To monitor Resource Centre use in the township.
Time Frame: March to November 1998
Indicator: Youth Clubs working and reaching others.

- * *Assess DramAidE's efficacy*
Outcome: Evaluation through discussion with teachers.

Time Frame: March - November 1998 (Dr Kelly).
Before mid November 1998.

Objective 2: Schools interventions

Intervention:

- * *Establish contact with new schools in the Eastern Cape Province preferably further afield than the regions in which we have been operating. Depending on time constraints due to other activities, this should involve five to fifteen schools.*
Outcome: Agreement to employ DramAidE six phase intervention in the school.
Time Frame: March to November 1998
Indicator: Initial needs analysis of the schools.

- * *Initiate the remaining five phases of the DramAidE intervention.*
Outcome: To promote HIV/AIDS awareness in the schools and the communities.
Time Frame: March - November 1998
Indicator: Holding of teacher workshops, performance of the DramAidE play (see Objective 3), Open Day and possible establishment of Youth Clubs.

Objective 3: Creation of visually exciting, dynamic, informative cross-cultural play concerning HIV/AIDS and sexuality.

Intervention:

- * *Play to be used as a teaching method in the multi-phase schools interventions. Also as a travelling HIV/AIDS awareness tool that can be performed upon request in connection with other CBO's/NGO's etc. Also used as an example of drama teaching methodology in connection with the teacher training programmes.*
Outcome: Promotion of drama as a teaching methodology. Promotion of HIV/AIDS awareness in schools and the communities.
Time Frame: February to end of March 1998.

Objective 4: Beyond Awareness Campaign

Intervention:

- * *Establish personal contact with training colleges. contacted with proposals by post/telephone or by personal visit.*
Outcome: Establish contact with three colleges.
Time frame: January to March 1998
Indicator: Concrete plans to work together on a Beyond Awareness Campaign on each college's campus

- * *Work with colleges in advisory capacity for Beyond Awareness Campaign.*
Outcome: College holds an AIDS action week, to motivate students to establish Youth Clubs.

Time Frame: February to August 1998
Indicator: Establishment of Youth Clubs, response to AIDS action week.

- * *Evaluation within DramAidE team*
Outcome: Assess this approach to Aids education, where DramAidE plays an advisory role.

Time Frame: August to December 1998
Indicator: Progress Report

Objective 5: Teacher Training

Intervention:

- * *Establish contact with Rhodes University Education Department through Dr Kelly.*
Outcome: Generate discussion with regard to DramAidE's proposal of teacher training in Drama methodology, life skills and HIV/AIDS, sexuality awareness.

Time Frame: December 1997 to March 1998
Indicator: Concrete plans to work with the Education Dept in this regard.

- * *Work with Rhodes Education Department on workshops.*
 - Outcome:** Teacher training in drama methodology, life skills and HIV/AIDS, sexuality awareness.
 - Time frame:** March 1998 to December 1998
 - Indicator:** This is a short term project with long term goals. Student will be assessed after their practical teaching experience and be pursued in 1999 where those teachers trained could be evaluated using the drama methodology in their classrooms.

Objective 6: **Establishment and monitoring of Resource Centres at Extension 7 in the Grahamstown township and at Duna Library.**

Intervention:

- * *Contact with relevant people*
 - Outcome:** Resource centres established in conjunction with Youth Clubs.
 - Time frame:** February to December 1998.
 - Indicator:** Use of centres.

3.6 NARRATIVE PLAN

The 6 objectives for DramAidE in 1998 **embrace** our **original vision** and seek to **extend** our **capabilities** in the future.

Objective 1: Follow up **assessment** in schools will involve working in conjunction with Dr Kevin Kelly to organise **focus groups** within each high school standard/grade. The focus groups will complete **questionnaires**, and **discussion** will be facilitated in order to assess the impact of DramAidE's work with the school. DramAidE will assess the pupils in terms of their understanding of basic facts concerning the virus and recognition of its links with other issues such as sexual preference, drug use, sexual abuse, pregnancy and rape. How do they apply this information in their own lives? Do they adapt their behaviour?

Some of the schools visited in 1997 began exams before the multi-phase intervention could be completed. Follow up in these instances will allow the schools to hold **Open Days** and involve their respective communities in HIV/AIDS awareness. The Open Day will be succeeded by the establishment of **Youth Clubs** aimed at promoting health awareness.

Finally, evaluation of our work will provide DramAidE with **critical information** which will assist in future planning.

Objective 2: Multi-phase interventions will begin in new schools with the aim of targeting schools further afield in the province. The multi-phase participatory-action-intervention model involves teacher briefing, needs analysis of pupils, life skills workshops, a participatory play, an Open Day and the establishment of Youth Clubs.

The **teachers briefing** and **needs analysis workshops** introduce the project and establish an open working relationship with the school, while enabling us to assess the level of HIV/AIDS awareness.

Life skills workshops focus on communication, confidence, assertiveness, decision making, negotiation skills (esp. within the context of sexual relationships), building self-esteem and understanding one's self within the larger context of the community.

The **participatory play** is based on findings that experiential learning is the most effective means of acquiring and retaining information as well as life skills, such as personal responsibility and direction. During the play, pupils are given the chance to take the stage and assume some of the characters' roles. This allows pupils to come up with their own resolutions to the problems posed. This is called the opportunity to **rehearse for life**.

The play is informative, visually and theatrically engaging. A multi-media approach is taken, including many styles and genres eg. dance, poetry, puppets, masks, mime, rap and music which give the play its distinctive nature. English, Xhosa and Afrikaans are used to accommodate audiences from different cultural backgrounds.

Open Days are organised by the school and pupils themselves with DramAidE working as advisors. The pupils are encouraged to use different artistic modes of expression to send a message

about HIV/AIDS. This includes drama, visual arts, music and even drum majorettes upon occasion!

The **Youth Club** is organised by the pupils to ensure continued HIV/AIDS awareness after DramAidE has completed the intervention. This allows for greater community access to HIV/AIDS information.

Objective 3: The **creation of a informative, visually exciting, dynamic, cross-cultural play** is essential to effective HIV/AIDS education through drama. It concerns the core philosophy of the work - drama facilitates the development of life skills and the acceptance of personal responsibility for their actions by pupils, because it involves them experiential in the learning process. An artistically proficient play is therefore highly effective in achieving these aims as pupils are creatively engaged to ensure effective identification with the drama and therefore, with the issues being presented.

Intensive rehearsal, including performer-educator training in acting, voice skills, dance, mime, puppetry as well as Educational Drama and Theatre techniques (eg Forum theatre) enrolment and facilitation are essential.

Objective 4: DramAidE will work with Teachers Training Colleges and other tertiary institutions in the Eastern Cape to develop the **Beyond Awareness Campaign**. This campaign is aimed at motivating institutions and their students "beyond awareness" and into action concerning HIV/AIDS. DramAidE will work chiefly in an **advisory capacity**, assisting with presentation, Aids information and life skills ideas for an AIDS Action Week to be held on each campus. This may involve **Guerilla Theatre** performances on the campuses to advertise the campaign.

Evaluation here, will prove invaluable as DramAidE will be assessing its strengths and weaknesses as an advisory group. This could lead to future contract work with other organisations.

Objective 5: **Teacher training** will take the form of **workshops** conducted, initially with the Rhodes University Education Department, involving student teachers. DramAidE would like to provide training in **drama teaching methodology, life skills and HIV/AIDS and sexuality awareness**. The specific format of these workshops will be determined in consultation with the Rhodes Education Department. The experience of DramAidE

from working in the schools will be used to formulate these workshops.

This is an **exciting new direction** for DramAidE, Eastern Cape with very real potential for development in the future.

Objective 6: Resource Centres in Extension 7 of Grahamstown township and at the Duna Library will be established to ensure community access to HIV/AIDS information. The intention is to organise these centres in conjunction with the Youth Clubs, as it is vital to assure the consistent running of these Centres as permanent facilities.

3.7 MONITORING AND EVALUATION PLAN

The DramAide project will be evaluated by the team itself, as part of the action research approach, in each of the project's interventions. Progress reports will be drawn up after completion of each intervention. The majority of the evaluation will, therefore, be completed by December 1998, when the school and tertiary institutions have closed. Dr Kevin Kelly will work with DramAidE as an external evaluator in this regard.

Directorate: HIV/AIDS and STDs

OPERATIONAL PLAN

1 APRIL 1998 - 31 MARCH 1999

The mission statement of the National HIV/AIDS and STD Programme is:

To reduce the transmission of STDs (including HIV infection) and provide appropriate treatment, care and support for those infected and affected, through collaborative efforts within all levels of government, using the NACOSA National AIDS Plan as the terms of reference. The Programme is committed to challenging prejudice and discrimination wherever it occurs.

Guiding principles

The following principles, adopted from the NACOSA Strategy, guide implementation

- * People with HIV and AIDS shall be involved in all prevention, intervention and care strategies
- * People with HIV and AIDS, their partners, families and friends shall not suffer from any form of discrimination
- * The vulnerable position of women in society shall be addressed to ensure that they do not suffer discrimination, nor remain unable to take effective measures to prevent infection
- * Confidentiality and informed consent with regard to testing and results shall be adhered to at all times
- * Education, counselling and health care shall be sensitive to the culture, language and social circumstances of all people at all times
- * The government has a crucial responsibility with regard to the provision of education, care and welfare of all the people of South Africa
- * Full community participation in prevention and care shall be developed and fostered, including the establishment of true partnerships
- * All intervention and care strategies shall be subject to critical evaluation and assessment
- * All sectors of government shall be involved in the fight against AIDS, and HIV/AIDS education, prevention and care shall be viewed in a broad social context
- * A holistic approach to education and care shall be developed and sustained
- * The participation of NGOs shall be facilitated and developed

South African goals for the Year 2000 which relate to HIV/AIDS and STDs are:

- ▶ to reduce STD and HIV prevalence
- ▶ to monitor the HIV/AIDS epidemic
- ▶ to reduce the impact of HIV/AIDS at the personal, family and community level
- ▶ to protect the rights of persons living with HIV/AIDS

The goals of the National AIDS Programme are to:

- ▶ Prevent HIV and STD transmission
- ▶ Reduce the personal and social impact of HIV infection
- ▶ Mobilise and unify national, provincial, international and local resources

In recognition of the changing emphasis of the national response, objectives relating to the third goal are presented first to reflect the importance attached to mobilisation activities.

National STD/HIV/AIDS Review

In July 1997, a review of South Africa's response to the HIV/AIDS/STD epidemic was conducted. The key recommendations from the Review were:

- ▶ the urgent need for political and public leadership
- ▶ the importance of strengthening inter-departmental and inter-sectoral responses to the epidemic
- ▶ critical capacity building needs
- ▶ the opportunity to strengthen collaboration between the HIV/AIDS and TB Programmes
- ▶ the importance of meaningful involvement of PWAs
- ▶ the need to protect human rights, counter discrimination and reduce stigmatisation

Role of the National AIDS Programme

'The role of the National Directorate will be to provide the leadership, direction, guidance, technical assistance and support and, where possible, the resources necessary for the other partners to fulfil their roles, in the process developing principles, policies, norms and standards and strategies which are technically and ethically sound; facilitating communication; and supporting implementation. In addition, the National Directorate will facilitate co-ordination of activities and decision-making to promote information exchange, build alliances and co-operation in order that projects and programmes are complementary, collaborative and reinforce one another' (Extract from Strategic Plan 1996/7 - 2000/1).

Partnerships

Key partnerships in the National Programme are described in the following matrix:

PARTNERSHIPS IN NATIONAL PROGRAM	LIFE SKILLS	MASS MEDIA	STDs	BARRIER METHODS	CARE & SUPPORT	PROGRAM COORDIN- ATION	CAPACITY BUILDING	PUBLIC RELATIONS	LEGAL AND HUMAN RIGHTS	WORK- PLACE	GENDER INTER- VENTIONS	PWA PUBLIC EDUCATION	RESEARCH & SURVEILLANCE
GOVERNMENT (incl. academic & para-statal)													
NGOs/CBOs													
PRIVATE SECTOR													
DONORS													
COMMUNITIES													

Explanatory Comments

1. On 12 September 1997, the Minister instructed that a re-worked budget be prepared for the Directorate: HIV/AIDS and STDs with a total budget of R100 million for 1998/9 and an increase of +-R5 - R10 million per year for 1999/2000 and 2000/1. The budget confirmed for 1998/9 is R53 million which means that either none of the additional activities planned for the re-worked MTEF will be able to be carried out or existing activities will have to be down-scaled to accommodate the additional activities. These include:
 - ▶ the procurement of additional supplies of male and female condoms
 - ▶ improved access to HIV testing
 - ▶ provision for substantial NGO/CBO funding
 - ▶ life skills programmes for primary school youth
 - ▶ aspects of the capacity building programme
 - ▶ community mobilisation
 - ▶ support for inter-departmental activities
 - ▶ targeted interventions for groups at high risk
 - ▶ expansion of the communication campaign
2. RDP roll over funds for consultants were approved in 1997/8. Despite the fact that the term of agreement for most of the consultants is 18 months, the funds are only approved for 1997/8. Negotiations are underway to establish if the funds can be used in 1998/9 otherwise they will be forfeited.
3. A guarantee was given that an amount of US\$1 million (R4,8 million) would be made available for the Year 2000 International AIDS Conference. This commitment was only brought to the attention of the Directorate: HIV/AIDS and STDs after the initial planning for 1998/9 had been done and no provision has been made for this amount from the budget of the Directorate. Clarity is awaited as to whether or not this should be budgeted from the Directorate's funds (or from some alternative source).
4. As at 5 January 1998, the programmes of assistance from USAID and Dfid are still awaiting final approval and it was therefore not possible to indicate definitively which activities will be funded from these sources. However, it is established that:
 - ▶ USAID will fund advocacy and capacity building activities; and
 - ▶ Dfid will provide short or medium-term technical assistance.The Operational Plan has sought to reflect this.

GOAL NO. 1

TO MOBILISE AND UNIFY NATIONAL, PROVINCIAL,
INTERNATIONAL AND LOCAL RESOURCES

PROGRAMMES

Mass mobilisation and partnerships

Expanded response

Public relations and advocacy

PWA involvement

NGO/CBO partnerships

Programme: Mass mobilisation and partnerships

Objective/s: To secure political and public leadership
To mobilise communities
To foster partnerships

Indicator/s: Broader ownership of the National AIDS Programme eg community ownership of effective responses to HIV/AIDS is catalysed and sustained

Principles: Community-based responses to national threats/emergencies can serve as models for mobilisation against HIV/AIDS.

Mass mobilisation against HIV is characterised by:

- * community participation in the design, implementation and evaluation of programmes
- * societal awareness and understanding of the impact of HIV on community survival and well-being
- * leadership support
- * conformity with national policies
- * sustainability
- * support structures
- * allocation of resources
- * monitoring and evaluation

A multisectoral, multidimensional response to HIV/AIDS can best be achieved through partnerships. Partnerships will be sought and established with:

- * government
- * NGOs and CBOs
- * donors
- * civil society (including the private sector)
- * the PWA community

Partnerships must reflect and actively promote solidarity, inclusion, integration, dialogue, participation and harmony

Work with and strengthen existing institutions already active or with the potential to become active in responding to the epidemic

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Establish structures to support mobilisation - Focal person in Office of the DP - National AIDS Council	NAP Office of the DP	X		X		380				Focal person in the DP's Office National AIDS Council

Secure commitment from political and public leadership	NAP Inter-Min Comm	x	x	x	x	No cost				HIV/AIDS on political and public agendas
Support the development of HIV/AIDS as an electoral issue	NAP Inter-Min Comm	x	x	x	x	No cost				HIV/AIDS an electoral issue
Develop, implement and monitor <i>CALL TO ACTION NOW</i> campaign (incl. the development of key messages)	NAP & B.A. Agency		x	x	x	See mass comm		x		Strategy and activities
Support provinces to facilitate community mobilisation	NAP & PAP		x	x	x	225		x		Seed funding for provincial activities
Support community and sectoral activities	NAP	x	x	x	x	No cost				Community-based & sector-specific activities
SUBTOTAL	R605 000									

NOTE: Key messages for *CALL TO ACTION NOW* campaign are budgeted under "Mass and targeted activities"

R280 000 from 1997/8 RDP funds for Government Departments is available for the appointment of a focal person in the Office of the DP. If these funds can be used for this purpose, the Sub-total for this objective would be R325 000 (for two meetings of the National AIDS Council and for provincial activities).

Advocacy activities associated with mass mobilisation would be funded by USAID

For partnership activities see:

- "Expanded response" (government and civil society: workplace & religious sector)
- "NGOs/CBOs" (NGOs and CBOs)

Programme: Expanded response

Objective/s: To enable sectors and role-players to respond according to their comparative advantages
 To generate an expanded response and facilitate sustainability by integrating and decentralising selected activities
 To prepare sectors for the impact of HIV/AIDS
 To facilitate the development and implementation of comprehensive, non-discriminatory policies and programmes in all sectors

Indicator/s: 1. Government has a deepened understanding of the consequences of the epidemic and has developed and implemented strategies to minimise the impact on critical sectors (eg health, education, agriculture, economic planning, defence etc)
 2. Civil society, specifically the private and religious sectors responds to the epidemic in terms of their comparative advantages

Principles: An expanded, multisectoral response is the key to effective, co-ordinated, joint action
 Calls for multisectoralism coming from one sector are often viewed with suspicion by other sectors
 Co-ordination of a multisectoral response requires a process which promotes information exchange, builds alliances and facilitates the creation of co-operation and programmes which are collaborative and reinforce one another

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
National Government - Support Inter-ministerial Committee and activities - Support Inter-departmental Committee and activities - Support Departmental campaigns - Support workplace policy development and programmes - Support sectoral programmes - Support impact planning - Train and support departmental HIV/AIDS co-ordinators - Set up supply and distribution system for media and condoms	NAP, Legal & HR & Int-dpt Consults	x	x	x	x	42 training				Meetings and minutes Policies and programmes Campaigns Impact planning Training Condoms and media distributed

Expand programme to para-statal	NAP & Int-dpt Consult	x	x	x	x	No cost				Policies and programmes
Provide T.A. to provinces to support intra- and inter-departmental activities	NAP & Int-dpt Consult	x	x	x	x	No cost				Provincial intra- and inter-departmental activities
Civil Military Alliance - Appoint a part-time person - Support the CMA	NAP & SANDF	x	x	x	x	240				Strategy and activities
Workplace - Convene meetings of the Workplace Forum - Facilitate and support co-operation with the private sector - Support the South African Business Council on AIDS - Facilitate and support co-operation with trade unions - Disseminate workplace guidelines - Lobby for HIV-related social responsibility programmes	NAP	x	x	x	x	108 for T.U.				Meetings and minutes Workplace activities Guidelines distributed Training Social respons. programmes
Religious sector Support mobilisation activities	NAP & RAP	x	x	x	x	No cost				Meetings
Regional response Facilitate co-ordination of Anglophone African countries	NAP & UNAIDS	x	x	x	x	No cost				Regional meeting and strategy
SUBTOTAL	R390 000									

NOTE: It is necessary to appoint a part-time person on contract to co-ordinate the civil-military interface. R140 000 is budgeted for this purpose and R100 000 for training

Programme: Public relations and advocacy

Objective/s: To inform the general public of the NAP and to foster a positive image of the NAP
To support advocacy training and advocacy activities in order to mobilise commitment, support and resources

Indicator/s: 1. Improved awareness of and support for the National AIDS Programme
2. Programme activities strengthened through advocacy activities

Principles: Effective advocacy is essential for an effective response to the HIV/AIDS epidemic.

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Conduct regular surveys of public opinion of the NAP	NAP & L,B&M	x				No cost				Survey results
Produce and distribute Red Hot News	NAP	x	x	x	x	10				4 editions of Red Hot News
Produce and distribute leaflet on the NAP	NAP & L,B&M	x				10				Leaflet
Support advocacy activities: - at provincial level - in government departments - in the private sector, including trade unions - the NACOSA political commitment campaign	NAP, PAP Legal & HR Consults & USAID	x	x	x	x			x		Advocacy activities
Develop advocacy materials	NAP, USAID	x						x		Materials
Convene expert meeting to develop impact scenarios	NAP, USAID	x						x		Consensus document
SUBTOTAL	R20 000									

Programme: PWA involvement

Objective/s: To support and strengthen PWA initiatives
To increase full involvement of PWAs

Indicator/s: 1. Capacity of NAPWA and other PWA organisations strengthened
2. "FACES" project strengthened and expanded

Principles: In upholding the human rights of PWAs all policies and programmes affirm the rights of PWAs to:

- * non-discrimination
- * health care and access to essential drugs
- * information and education about HIV/AIDS
- * confidentiality and privacy concerning their health and HIV status
- * employment
- * liberty and freedom of movement
- * housing, food and social security

All persons, including PWAs have a duty to respect the rights and health of others
People living with HIV/AIDS are best placed to create opportunities to personalise the risk and impact of HIV/AIDS

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Appoint a person living with HIV/AIDS to co-ordinate PWA involvement programme	NAP	x	x	x	x	115				Contract worker
Strengthen existing partnerships and support the "FACES" project, GIPA initiative and NAPWA	NAP & Contract worker	x	x	x	x	No cost				Structures, meetings, projects and activities
Support network of women living with HIV/AIDS	NAP, Gender Consultant & Contract worker	x	x	x	x	No cost				Network established
Facilitate disclosure	NAP & Contract worker	x	x	x	x	No cost				PWAs disclose
SUBTOTAL	R115 000									

NOTE: The capacity building needs of PWAs and PWA organisations are covered under "Capacity building"
The anti-discrimination activities are covered under "Legal and Human Rights"

Programme: NGO/CBO partnerships

Objective/s: To create an environment for the effective participation of NGOs/CBOs in planning, decision making and implementation
 To build alliances with and mobilise NGOs/CBOs
 To strengthen the capacity of NGOs/CBOs
 To fund NGOs/CBOs to implement components of the National AIDS Programme according to their comparative advantage

Indicator/s: NGOs/CBOs adopt National AIDS Plan as a joint Plan and implement components of the Plan

Principles: NGOs/CBOs have been and should continue to be a critically important force in the response to the epidemic
 The relationship between Government and NGOs should be complementary

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Establish an NGO/CBO-NAP co-ordinating mechanism and utilise to mobilise NGOs/CBOs	NAP & NGO Consultant		x	x	x			x		Co-ordination mechanism
Review 1997/8 funding process and develop an integrated strategy for NGO funding	NAP & NGO Consultant	x	x			No cost				Review report Funding strategy
Develop and test monitoring tools and convene consensus meeting to approve tools	NAP & NGO Consultant		x	x		30				Monitoring tools Workshop
Monitor NGOs funded in 1997/8	NAP & NGO Consultant	x	x			No cost				Reports
Fund and monitor national NGOs	NAP & NGO Consultant	x	x			3 000				Applications funded
Oversee devolution of provincial NGO funding and build capacity for NGO funding	NAP & NGO Consultant	x	x			30				Provincial processes Meetings