

INTRODUCTION

•We are a Social Needs Cluster which strives to provide effective services to the communities of O R Tambo District Municipality that is confronted with high level of poverty and Social ills including HIV and AIDS ,TB and other Communicable and Non Communicable Diseases.

CHALLENGES

- Moral Decay*
- Poverty*
- Lack of Skills*
- Unemployment*
- High Population*
- Ignorance and Lack Of Awareness*
- Substance Abuse*
 - Poor Infrastructure*

IMPACT OF THE ABOVE CHALLENGES IN HEALTH & SOCIAL DEV.

- OVCs
- High Death Rate*
- High Mobidity*
- Unemployment*
- Crime*
- Poverty*
- EconomIc Decline*
- Teenage pregnancy*

IMPACT CONTI.

Sex workers

- *High rate of suicide*
- *Child headed households*
- *Dependency on social grants*
- *Sexual abuse of children and women*

State Of Affairs

• *O R Tambo is rural and a Nodal Point, largest Population in the Province , poorest and predominantly African has 1.6 m Population*

With 54,8%female, 45,2% Males, African 99,5% other racial groups 0.5% person in poverty 64,6% Poverty Gap R2,2m illiteracy rate 42,2 % unemployment rate 65,6 %

Disabled 0 –19 yrs 5.2 %

- 0-4 yrs – 12,9 %

- 5-9yrs – 28,8%

- 9-14yrs – 44%

- 14- 19 yrs 58,4 %\

- Source Stats SA 2001 ECSEC

State of Affairs Continue

Comprehensive HIV&AIDS Prevention , Care, Management and Treatment

PREVENTION (Inkciyo Statistics)

<i>Ages</i>	<i>Numbers</i>
<i>14 yrs</i>	<i>3000</i>
<i>16 yrs</i>	<i>6000</i>
<i>17 years</i>	<i>5000</i>
<i>18 years</i>	<i>2000</i>
<i>19 years</i>	<i>1200</i>
<i>21 years</i>	<i>500</i>
<i>23 years</i>	<i>300</i>
<i>TOTAL</i>	<i>18 000</i>

Prevention Continue

HIV Testing Rate (excluding ANC Testing)

Sub-district & District	HIV Testing Rate (excluding ANC Testing)			
	2005/06	2006/07 Target	2006/07 1 st Quarter Actual	2007/08 Target
KSD LSA	40%	60%	65%	80%
MHLONTLO LSA	22%	35%	43.8%	45.3%
NYANDENI LSA	54%	62%	49%	64%
QAUKENI LSA	20%	60%	46%	100%
OR TAMBO District Average	34%	54%	51%	72%
<p>Strategies to Achieve Target:</p> <ul style="list-style-type: none"> ➤ Integrate VCT with all other services ➤ Utilise lay counsellors in pre & post counselling ➤ Do vigorous awareness campaigns ➤ Offering VCT to all clients ➤ Testing at community gatherings, and promote privacy and confidentiality ➤ Training of all service providers, including Community Health Workers ➤ Encourage all clients presenting with STI and TB to test for HIV 				

- Shortage of treatment areas for people with HIV and AIDS:

Treatment

Table 4: Number of Accredited Sites according to Comprehensive Plan on HIV&AIDS

Sub-district & District	Number of Accredited Sites according to Comprehensive Plan on HIV&AIDS			
	2005/06	2006/07 Target	2006/07 1 st Quarter Actual	2007/08 Target
KSD LSA	2	5	3	7
MHLONTLO LSA	1	4	1	6
NYANDENI LSA	4	1	1	2
QAUKENI LSA	3	1	0	1
OR TAMBO District Total	10	11	5	16

Strategies and Activities to Achieve Target:

- Training of PNs on VTC, PMTCT, STI & ARVs preparing for accreditation
- Monitoring and evaluation (statistics, records and number of clients)
- Training of HCWs on Comprehensive Care Management
- Continuous support of facilities to meet the criteria
- Strengthen mentorship with the NGOs
- Involvement of people living with HIV/AIDS.

Number of Patients on ART

Sub-district & District	Number of patients on ART			
	2005/06	2006/07 Target	2006/07 1 st Quarter Actual	2007/08 Target

KSD LSA	1479	970	242	2500
MHLONTLO LSA	394	1000	600	1500
NYANDENI LSA	0	700	351	900
QAUKENI LSA	1900	1500	410	3000
OR TAMBO	3773	4170	1603	7900
District Total				

Strategies and Activities to Achieve Target:

- Motivate for employment of more doctors, pharmacists and nurses
- Increasing of sites and feeder clinics
- Training of health professionals on ART
- Training of CHWs on adherence preparation
- To capacitate non-feeder facilities to prepare more patients
- To strengthen mentorship with NGOs
- Support groups are encouraging clients to be stigma free
- Shortage of transport for home visits and drug deliveries
- In Nyandeni LSA 2005/06 no sites were accredited and this service was not available

Source of data: DHIS, DHP 2006/07, District & Provincial Annual Report

Target source: Provincial Annual Performance Plan

Number of Community Based Caregivers¹

Sub-district & District	Number of Community Based Caregivers (Home based Carers) Per Sub-District / District
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	2005/06	2006/07 Target	2006/07 1 st Quarter Actual	2007/08 Target
KSD LSA	295	295	365	400
MHLONTLO LSA	406	182	182	234
NYANDENI LSA	215	215	313	395
QAUKENI LSA	210	234	318	332
OR TAMBO District total	1126	926	1178	1361
Strategies and Activities to Achieve Target:				
<ul style="list-style-type: none"> ➤ Motivate that the department allocate funds for CHWs stipend ➤ Distribution of community HCW to more communities ➤ Motivate that all CHWs get stipend ➤ Lobby for funding for community health workerw 				

Number of Community Caregivers receiving Stipends

Sub-district & District	Number of Community based Caregivers receiving Stipends			
	2005/06	2006/07 Target	2006/07 1 st Quarter Actual	2007/08 Target
KSD LSA	225	296	245	295
MHLONTLO LSA	182	182	182	234
NYANDENI LSA	215	215	230	395
QAUKENI LSA	205	234	234	332
OR TAMBO District	827	927	891	1256

Average				
Strategies and Activities to Achieve Target:				
<ul style="list-style-type: none"> ➤ Motivate to Province to increase number of CHWs on stipend ➤ Ensure training and career path for increase stipends ➤ Distribution of services to all CHWs ➤ Ensure submission of CHWs monthly report 				

Number of Community Caregivers Trained

Sub-district & District	Number of Community based Caregivers Trained			
	2005/06	2006/07 Target	2006/07 1 st Quarter Actual	2007/08 Target
KSD LSA	84	295	20	295
MHLONTLO LSA	165	245	165	325
NYANDENI LSA	108	60	14	60
QAUKENI LSA	182	220	22	234
OR TAMBO District Average	539	820	221	914
Strategies and Activities to Achieve Target:				
<ul style="list-style-type: none"> ➤ Continuous training of community caregivers ➤ Motivate for budget ➤ Accreditation of more NGOs to offer training ➤ Motivate for funds for training. ➤ Update skills audit for CHWs ➤ Training is very slow to technicalities by the province 				

Number of Patients Served by Community-based Caregivers²

Sub-district & District	Number of Patients Served by Community--based Caregivers / Community Health Workers / Home-based Carers			
	2005/06	2006/07 Target	2006/07 1 st Quarter Actual	2007/08 Target
KSD LSA	5457	7877	250	10000
MHLONTLO LSA	19225	25000	14990	59960
NYANDENI LSA	1298	30000	16728	32000
QAUKENI LSA	2124	2540	750	3000
OR TAMBO District total	28104	65417	32718	104960

Strategies and Activities to Achieve Target:

- Community awareness about roles of caregivers
- Training of caregivers on comprehensive home based care
- Increase number of HBC
- Training of CHWs on home based care
- To monitor quality of care rendered by CHWs.
- :Provincial indicators on HBC need to be reviewed
- KSD LSA has also included number of patients served by NPO.

District Personnel Post Establishment and Vacancy Rates

1	2	3	4	5
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Sub-district & District	Personnel category	Funded Posts (Numbers)			Vacant Posts (Numbers)			Vacancy Rate (%)		
		2005/06	2006/07	2007/08	2005/06	2006/07	2007/08	2005/06	2006/07	2007/08
OR TAMBO DISTRICT TOTALS	(i) PHC facilities									
	Professional Nurses	835	739	777	279	302	140	33%	41%	18%
	Doctors	32	34	35	22	17	3	69%	50%	9%
	Pharmacists	7	7	6	7	7	1	100%	100%	17%
	Pharmacy Assistants	46	47	37	16	14	8	35%	30%	22%
	Other:	844	856	891	223	214	108	26%	25%	12%
	(ii) District hospitals									
	Professional Nurses	523	548	602	274	202	32	52%	37%	5%
	Doctors	68	72	82	35	27	0	51%	38%	0%
	Pharmacists	19	23	29	21	16	3		70%	10%
	Other :	651	684	760	147	137	0	23%	20%	0%

Strategies and Project

Poverty Reduction Strategy

- *Skills Development and Capacity Buildings*
- *Income Generation Activities/initiatives.*
- *Food Security*
- *Establishment and Promotion cooperatives.*

Prevention, Management and Reduction of HIV and A

- *Skills Development*
- *Continuous Education*
- *Monitoring and Evaluation*
- *IEC – Information Education and Communication.*
- *User Friendly Materials*
- *Marketing of HIV&AIDS and STIs programmes*

PREVENTION & REDUCTION OF HIV & AIDS CONTINUES

- *Increase access and acceptability to Voluntary Counseling & Testing*
- *Improve STIs management and promote increased condom use and establish High Transmission Area sites to reduce STIs and HIV infection .*
- *Improve the care and treatment of HIV positive persons and promote a better quality of life and limit the need for hospital care .*

Prevention. Reduction. Conti.

- *Support Groups Establishment*
- *Home Based Care*

• *Inkciyo*

Restoration Of Moral Fibre

- *Restoration , values Customs and Beliefs*
- *Inkciyo*
- *Spiritual Aspects.*

Reduction of Communicable diseases

- *Awareness camps*
- *Health Post*
- *Strengthening of establishment of Support Groups*
- *Facilitate the accessibility of Health Services/ outreach programmes / Cams*

Roles of Various Parties

- *Plan with – activities*
 - *- responsible people*
 - *- time frames*
 - *- monitoring & evaluation tool*
 - *- resources required*
 - *- KPI*

IMPACT IN SERVICE DELIVERY

- *Migration*
- *Over- stretching of resources*
- *Skills gap*
- *Lack of motivation*
- *Over- burdening of service providing facilities*
- *Corruption*

SOCIAL NEEDS CLUSTER.

Objectives	Strategies	Indicators	Programmes/Projects	Location	Implementation Timeframe	Estimated Budget	Responsible role player	Role to play
Reduce poverty	<p>Established and strengthen existing community developmental strategies</p> <p>Central planning,</p> <p>Monitoring and evaluation team.</p>	<ul style="list-style-type: none"> - Reduced malnutrition - Reduction in morbidity and mortality rate 	<ul style="list-style-type: none"> Skills development/ capacity building. - Income generating initiatives - Food security - Establish and promote cooperatives 	Nyandeni & Ntabankulu	2007 to 2009	R 25 m	<p>O.R. T. DM Labour Social Development SASSA</p> <p>Health</p> <p>Agriculture</p>	<p>Coordinate Funding Funding</p> <p>Social grants and food parcels</p> <p>Immune Boosters, Milk formulas Agricultural implement</p>

Impact

- Accessibility of social services
- Reduction of poverty related diseases e.g. Malnutrition.
- Food gardens established.
- Identified gaps in terms of integration of poverty programmes.
- Empowerment of communities.

ISSUE 2.								
Objectives	Strategies	Indicators	Programmes /Projects	Location	Implementation Timeframe	Estimated Budget	Responsible role player	Role to play
Prevent, reduce and manage HIV&AIDS, STI's and other	Inreach and outreach programmes. - Rollout	- Reduction of new infections. - More ARV sites accredited. -Accredited of non- medical	-Awareness campaigns -Skills development -Information Education and	KSD, PSJ, Nyandeni , Mhlontlo, Qaukeni,	2007/2008 (Ongoing)	R 12 m	ORT DM All	Coordinate. Funding Monitoring & Evaluation

social ills	of ARVs and Immune Boosters. Ongoing education. Legal protection of Child-headed homes	VCT sites. -Established high transmission areas. -Establishment of more rape crisis centres -More fostering of children, arrangements of social grants and material resources.	Communication (IEC) -Inkciyo -Support groups formation and Home Based Care -Education and counseling services	Ntabankulu and Mbizana. ORTDM			government departments, NGOs and all other relevant stakeholders. ORTDM Social Development Dept. Health	Implementation. Funding M&E Coordinate, train and educate. Implementation train and educate
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Impact

- More awareness of HIV& AIDS, STIs by communities

- Trained communities and health professionals
- Information, Education and Communication material is available for our communities
- Inkciyo programme has expanded throughout the District
- More support groups established, strengthened, supported and sustained
- Community health care workers and NGOs are rendering home based care
- Established High Transmission Areas sites
- Established non-medical VCT sites.
- Established a full fledged ATIC unit
- People have access to condoms, treatment and VCT services.
- Employment of health professionals e.g. retired nurses and community members.

ISSUE 3.								
Objectives	Strategies	Indicators	Programmes/Projects	Location	Implementation Timeframe	Estimated Budget	Responsible role player	F
Reduce communicable and non-communicable diseases.	Inreach and outreach programmes.	Reduction of new infections.	<ul style="list-style-type: none"> - Awareness campaigns - Establish and strengthen support groups. - Accessibility through health posts. 	PSJ Mhlontlo	Ongoing	R10m	O.R.TDM All relevant Government depts. and other stakeholders	C E F i n e

Impact

- Strengthened support groups.
- Information, Education and Communication material is available for our communities
- Awareness campaigns to empower communities
- Trained health professional.
- Accessible health services
- Employment opportunities for communities.
- Absorption of health professionals to health system.

ISSUE 4.								
Objectives	Strategies	Indicators	Programmes/ Projects	Location	Implementation Timeframe	Estimated Budget	Responsible role player	Role to play
Restoration of moral fibre	Restoration of values, customs and beliefs.	Reduced teenage pregnancy, HIV & AIDS, STIs and Domestic Violence.	<ul style="list-style-type: none"> - Inkiyo - Awareness to reduce Domestic Violence - Training on gender-based 	O.R.TD M	Ongoing	R1m	O.R.TDM All government departments and other relevant	Coordination Education Support

			violence				stakeholders	
<p>Impact</p> <ul style="list-style-type: none"> ➤ Promotion of assertiveness and innovation reduced teenage pregnancy ➤ Reduced HIV, AIDS and STIs new infections ➤ More awareness on gender based issues ➤ Disclosure of all kinds of domestic violence ➤ Communities more sensitized about values, customs, beliefs and traditions. ➤ Youth trained and appointed as peer educators 								

ISSUE 5

Objectives	Strategies	Indicators	Programmes / Projects	Location	Implementation Timeframe	Estimated Budget	Responsible role player	Role to play
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Promotion of Health and hygiene, monitoring safety and quality of food and drinking water.	Community awareness campaigns on communicable diseases.	Reduction of communicable diseases e.g. typhoid.	Health education	ORTDM	2007/2008 (Ongoing)	R1m	O.R.T.DM DoH	Coordination & funding Funding
Ensure that communities drink portable water	Take water samples from all drinking water sources including sewerage works for bacteriologi	Reduced water borne-diseases e.g. cholera.	Water Quality Monitoring	ORTDM	2007/2008 Ongoing	R1m	O.R.T.DM DoH	Coordination & funding Funding

	cal and chemical testing.							
Ensure that waste is managed in an acceptable manner.	Inspection of all uncontrolled solid waste landfill disposal sites and monitoring of collection, transportation of solid waste.	Safe and healthy environment.	Waste Monitoring	ORTDM	2007/2008 Ongoing	R1m	O.R.T.DM DoH	Coordination & funding Funding

Ensure that public consume good quality and safe food	Take food samples and environment swabs from food premises and health facilities for bacteriological and chemical analysis	Improved quality of life	Food Quality Monitoring	ORTDM	2007/2008 Ongoing	R200 000	O.R.T.DM DoH	Coordination & funding Funding
Facilitate devolution of health services from provincial Health Department to the	Fast track signing of Service Level Agreement the Department of Health and	Complete transfer of Environmental Health Practitioners from the province to DM within a prescribed	Devolution of environmental Health Services	ORTDM	2007/2008 for (June 2009)	R2,9m for 2007/2008 R18m for	O.R.T.DM DoH	Coordination & funding Funding

District Municipality.	ORTDM	period				complete transfer of MHS		
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Impact

- Reduced number of people affected by contracting communicable diseases
- Improved quality of life of our communities.
- Fast tracking and facilitate devolution of Municipal Health Services
- Absorption of Community Services Officers to health system.

ISSUES 6

Objective	Strategy	Indicator	Programme\ Project	Location	Implementation Time Frame	Estimated Budget	Responsible Role player	Role player
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Traditional Initiation	- Awareness campaigns -Training of traditional surgeons and traditional nurses	Reduce deaths and infections	Health education	ORTDM	2007/2008	R	Dept of Health	-Education -Training -Funding
Reduce morbidity and mortality rate								

RECOMMENDATIONS

- Skills Development
- Creation of Jobs
- Establishment of health posts.
- creation of data-base for skills available in the district.

- Funding
 - Improved infrastructure
 - More recreation centres.
 - Promote safe and healthy sexual behaviour through education.
 - Improve the management and control of STIs through High Transmission Area sites (HTA) establishment.
- *Reduce Mother To Child Transmission by introducing mothers to PMTCT programme.*
 - *Provide appropriate Post-Exposure services for sexual assault and occupational exposure .*
 - *Improve access to Voluntary Testing and Counseling by establishing non medical VCT sites in each ward .*
 - *Provide adequate treatment, care and support services in communities.*
 - *Develop and expand the provision of care to children and orphans*
 - *Conduct regular surveillance for employees and communities*
 - *Support the implementation of HIV & AIDS policy .*

District Management Appointments