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REPORT:
**MAPPING HIV AND AIDS SERVICE
PROVIDERS IN METSWEDING DISTRICT,
GAUTENG PROVINCE**
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Executive summary

Background

The HIV and AIDS epidemic poses one of the largest threats to the health status of the people of Gauteng and the country as a whole. It is estimated that the HIV positive population has reached 5, 3 million this year, which equates to 18, 8 percent of the adult population (ages 15 – 49) being infected with the virus (Midyear Population estimates South Africa, 2007, Statistics SA). This rate differs by area, with provinces such as Gauteng and KwaZulu-Natal having higher prevalence rates.

Metsweding district, a municipality within the Gauteng province has been identified as one of the most disadvantaged districts. It is the only district in South Africa without a district hospital. Metsweding has 6 clinics and 2 mobile services. (The District Health Barometer 2005/06, 2006, Barron, Day, Monticelli, Vermaak, Okorafor, Moodley and Doherty)

There is a lack of information on this and other municipalities which hinders efforts to create a coordinated strategy. The primary aim of this project was to identify service providers in the Metsweding District, and gather information on the services that they provide in order to identify service gaps and overlaps.

Purpose

The Metsweding mapping project attempted to provide greater clarity and substantiated evidence to answer three specific questions:

- (i) What services are provided for people living with HIV and AIDS in the Metsweding area?
- (ii) Who is providing these services?
- (iii) To what extent are these services meeting the needs?

Objectives

Comprehensive policies, programmes and national priorities pertaining to HIV and AIDS are in place by National Department of Health, yet the successful implementation thereof will be determined by the response to the needs of the communities by the local role players in the specified geographical area.

The objectives of mapping HIV/AIDS services in the Metsweding area are to:

- Provide an estimation of the actual needs;
- Describe the coverage of current service provision;

- Identify gaps in the provision of services; and
- Create a platform to mobilize resources for specific services in identified geographical areas.

Project design

The design of the research tool (questionnaire) was intended to be descriptive in nature for the sole purpose of obtaining information related to the provision of HIV and AIDS services.

The report on the Metsweding mapping project is based on:

- Demographic indicators;
- Projected needs of the current population; and
- Data obtained from each of the individual facilities.

Demarcated area

The Metsweding District Municipality is categorised as a cross-boundary Category C municipality. This area previously was part of the Eastern Gauteng Services Council. It contains the local category B municipalities of Kungwini and Nokeng tsa Taemane.

Project methodology

Face to face interviews were conducted with staff members of the mapped sites/facilities. Details of all sites identified; as well as the interviewee's contact details were recorded for verification purposes. Snowballing techniques were used to identify service providers due to a lack of available information.

HIV/AIDS related demographic indicators

In the absence of sufficient comparative data, demographic indicators utilised include:

- *Midyear population estimates South Africa 2007* which indicates that:
 - an overall estimated HIV-prevalence rate of approximately 11%
 - the HIV- positive population is estimated at approximately 5,3 million
 - The *National HIV and Syphilis Antenatal Sero-prevalence survey in South Africa 2006* which indicates:
 - HIV prevalence among pregnant women is 29.1%, a decrease from 2004.
 - HIV infection is higher among women in their late twenties and early thirties and lower amongst teenagers.
 - There have been increases in prevalence in woman over 30 years between 2004 and 2006.

Contextualising the mapping project

- The mapping project addresses the priority areas of prevention, treatment, care and support in the *National Strategic Plan 2007 -2011*
- *2006 AIDS Epidemic Update*: Sub-Saharan Africa demonstrates alarming figures that necessitate the need for greater prevention efforts to slow the pandemic. This report indicates that:
 - Sub-Saharan Africa continues to bear the brunt of the global epidemic
 - The region is home to an estimated 24.7 million adults and children infected with HIV – an increase of 1.1 million since 2004.
 - Declines in national HIV prevalence are currently neither strong nor widespread enough to diminish the epidemics' overall impact in this region.
 - HIV epidemics in Mozambique, South Africa and Swaziland continue to grow.
 - HIV infection levels among young pregnant women appear to be stabilizing.
 - HIV infection rates continue to increase in older women.
 - Considerable efforts have been made towards improving access to antiretroviral treatments.

(UNAIDS/WHO AIDS epidemic update: December 2006)

Findings of the mapping project

Various challenges impact on the delivery of HIV and AIDS services including:

- Human Resources
- Accommodation and care facilities
- Training
- Food and nutrition
- Transport

Data obtained from the mapping project:

- A total of 33 facilities in the Metsweding municipality were mapped.
- The mapping project attempted to identify the availability of the most basic resources available to the facilities including:
 - Accommodation
 - Transport
 - Equipment
 - Materials
- The human resources providing these services were identified per three categories of employment:
 - Full time,
 - Part time and
 - Volunteers.

- The identified facilities that provide HIV/AIDS services in the Metsweding area comprise of:
 - Private companies
 - Public sector facilities
 - Public-private partnerships
 - NGOs
 - Faith-based organizations
 - Section 21 companies.
- The services mapped per specific site/facility included:
 - Lobbying
 - Advocacy
 - Clinic or hospital-based education
 - Community - based education
 - Condom distribution clinic-based
 - Condom distribution community-based
 - Voluntary Counselling and Testing (VCT)
 - Treatment of sexually transmitted diseases (STI;OI)
 - Treatment (TB)
 - Anti-retroviral Treatment (ART)
 - Nutrition
 - Counselling (Care and support) services relevant to HIV+
 - Radiology/Laboratory services
 - Orphan Care
- The number of people utilising these HIV/AIDS related services on offer in the Metsweding area are as follows:
 - All service providers, except the Metsweding District Council: 13 645
 - Metsweding District Council – PHC – 11 205

Conclusion

This project was successful in identifying HIV and AIDS service providers within the Metsweding area. Information on the organization as well as the types of service provided was gathered. This information was used to estimate the HIV and AIDS service needs of the area.

The information can be used to create improved interventions and strategies at the municipal level. It has identified the availability of services and the needs of the municipality, thus providing the necessary information to structure a coordinated effort.

1. Introduction

The HIV and AIDS epidemic poses one of the largest threats to the health status of the people of Gauteng and the country as a whole. It is estimated that the HIV positive population has reached 5, 3 million this year, which equates to 18, 8 percent of the adult population (ages 15 – 49) being infected with the virus (Midyear Population estimates South Africa, 2007, Statistics SA). This rate differs by area, with provinces such as Gauteng and KwaZulu-Natal having higher prevalence rates.

This epidemic has grown at an alarming rate, with the country battling to play catch-up. The health sector is the most affected where

“Hospitals are already experiencing crises levels of patients with AIDS related illnesses, with the possibility of them ‘crowding out’ non HIV-related acute illnesses. As more people become sick, households and communities will struggle as incomes decrease, expenses increase and family structures are disrupted”. (Clinical guidelines for managing HIV and AIDS in primary care, 2001: 4)

As unsettling as this statement may be; the facts pertaining to the designated project area of the Metsweding district within the Gauteng province, may be more worrying. Metsweding district is the only district without a district hospital in South Africa. It has 6 clinics and 2 mobile services. (The District Health Barometer 2005/06, 2006, Barron, Day, Monticelli, Vermaak, Okorafor, Moodley and Doherty)

The governments’ *Operational Plan for comprehensive HIV and AIDS Care, Management and Treatment for South Africa* was released on 19 November 2003 by the national Minister of Health to assist in addressing similar problems. In April 2007, the *HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011* was released. These plans form the focal point of the national governments’ activities and programmes aimed towards addressing HIV and AIDS in South Africa. In concrete terms these far-reaching decisions taken by the government entail:

- Stepping up prevention campaigns to reduce new infections by 50%;
- Expanding access to treatment, care and support to 80% of all people diagnosed with HIV;
- Contributing 4-7% of the National Strategic Plan (NSP) budget to provide monitoring and evaluation of the NSP implementation;
- Improve access to justice, in order that people can challenge human rights violations immediately and directly.

(Cited in the *HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011*)

Although it is important to identify with the recently released NSP, it is also important to reflect on past strategies and the progress made to date.

This mapping project focused on identifying HIV and AIDS service providers in the Metsweding area. Reliable information that depicts the current health status and specifically HIV and AIDS related statistics at a municipal or district level is extremely limited. As a result, the severity of the epidemic and its impact in Metsweding is not quantified for various reasons to be discussed in this report. A needs assessment of the HIV and AIDS infected and affected population in Metsweding was required, so that the service gaps and overlaps could be identified, and in the process the service needs of the community.

2. Project background

This project was commissioned by the Foundation for Professional Developments' Compass Project with funding from USAID. It followed in the mold of the previous mapping projects which were conducted in the *Mpumalanga province* and the *Tshwane Metropolitan area*. However, a modified approach had to be adopted for Metsweding due to a lack of resources and available information.

2.1. Project methodology

Limited data availability and the absence of a directory of service providers, led to specific interventions being undertaken to commence this mapping project. The point of departure was:

- The project consultant participated in discussions with Mr. Kenneth Matlala, Project Manager - Clinic Coordinator, Positive Life Project of the *Foundation for Professional Development* on 17 May 2007.
- This discussion gave rise to a scheduled appointment the following week on 22 May 2007 with Mrs. Shirley Borens, Facility Manager of the Cullinan ART clinic (in the process of being renamed at the time of this report).
- During this meeting Mrs. Borens identified individuals and organisations to be interviewed. She accompanied the project consultant, Mr. Matlala and Mrs. Thembi Radebe to these interviews.
- During each of the individual interviews the project consultant requested the contact detail of any other service providers known to the respondents in the area. Though respondents were sometimes 'aware of' other service providers in their area, they were often not able to provide any 'traceable' contact detail to follow-up with.

The individual interviews took place over a period of four weeks during the period: Tuesday 22 May - Friday 15 June 2007.

An attempt was made to seek representation of all the various levels and types of organisations found operative in this region.

Information gathered during this mapping project was compiled in a report for delivery on Tuesday 17 July 2007.

2.3. Approach followed

Whereas previous mapping projects were based on telephonic interviews and ensuing data capturing, the primary methodology used to obtain information for this project was based on **face to face interviews** with representatives of the identified service providers.

This meant that the process of collecting and verifying data on the sourced service providers was **a time-consuming process**. Examples of time-consuming reasons include:

- Individual appointments had to be made at times that were suitable to the identified respondents. Due to the limited Human Resource capacity available to the identified organisations and the workload experienced, this was not an easy task in many cases.
- Some interviews had to be re-scheduled more than once. Though most of these did eventually take place, some never materialised due to a variety of reason.
- Service providers were scattered across different areas/towns and townships in the district and the two local municipalities. This in turn, entailed traveling from one service provider, to another located on the opposite end of the district boundaries on the same day.

Given the limited knowledge of service providers available from the onset of the project, snowballing techniques were adopted:

- The project leader was totally dependent on the goodwill of the respondents to provide relevant information to the project, as well as assisting in identifying other service providers in their respective geographical locations;
- As the project consultant became known and visible in the different areas, word-of-mouth communication assisted in identifying potential service providers. This led to some individuals requesting to be interviewed – often unfortunately with unrelated expectations.

Only information obtained from persons and/or organisations that were **physically seen and interviewed** by the project consultant was recorded to create the Metsweding directory of HIV and AIDS service providers.

The questionnaire used to collect data was based on the one utilised for the Tshwane and Mpumalanga mapping projects to enable comparisons to a certain extent if deemed necessary in future. This questionnaire is

included as Annexure B: *Questionnaire used to capture basic data pertaining to the mapped service providers in Metsweding.*

Individual respondents did their best to provide relevant and factual responses, yet it was evident that **certain aspects were answered subjectively**. Given the fact that the primary aim of the project was to *identify* relevant service providers in the area, the focus was on obtaining information that would enable future interaction with the identified providers for the potential utilisation of their services, monitoring and evaluation activities, etc.

2.4. Project objectives

The purpose of this project was to map service providers that render HIV and AIDS related services in the area known as Metsweding in the Gauteng province.

The objectives to achieve the above included:

- (i) Establishing the geographical boundaries of this area known as Metweding;
- (ii) Identifying and locating HIV and AIDS service providers operative in the area;
- (iii) Listing the different types of services provided by respondents interviewed; and
- (iv) Obtaining information that describes the nature and content of services provided by each HIV and AIDS service provider in the area.

2.5. Project design

This mapping project was completed in the following phases:

- (i) **Phase 1: Identify service providers** (14 May -15 June 2007)
 - Identifying potential services providers
 - Conducting individual interviews on a one-on-one basis with one or more representative(s) of the identified organisations
 - Recording relevant information and data

- (ii) **Phase 2: Compilation of a directory** of HIV and AIDS service providers in Metsweding (2 - 6 July 2007)
 - Data capturing and cross-referencing information of each organisation/individual interviewed.
 - Information obtained is included as Annexure C: *Directory of HIV and AIDS service providers*
- (iii) **Phase 3: Draft a report on Metsweding mapping project** (9 - 13 July 2007)
 - Researching relevant information
 - Integrating information gathered
 - Reporting on the findings

2.6. Challenges

Some of the major challenges experienced during this mapping project included:

- The **exact and specific demarcation** of the area known as Metsweding:
 - This region had so-called *soft boundaries* with the accompanying implications of non-specific boundaries;
 - Different sources indicate different towns and townships to form part of the Metsweding region;
 - Some examples found were: Metsweding was assumed to form part of its neighbouring province Mpumalanga; and
 - The area is comprised of one district municipality and two local municipalities.
- **Limited information** is recorded, known and available for the Metsweding district:
 - Despite being part of Gauteng, one of the most densely populated, and the economic 'hub' of South Africa provinces, very limited information could be found for reporting purposes about this specific area.
 - Repeated attempts to obtain verified information pertaining to this area were made and included visits to the Metsweding District municipal library at Bronkhorstspruit, and Rayton municipal offices. No information was found or offered by these institutions.
 - Whilst researching information for inclusion in this report it was often evident that information was recorded for four or five of the six districts of the Gauteng province and Metsweding would generally be the area with no information recorded.

- **Limited formal interactions exist and/or were visible between national, provincial, local government and NGO/FBO organisations.**
 - Most respondents were able to differentiate between 'government' and NGO interventions, yet they were not able to distinguish which structures to approach regarding specific activities for patients.
 - For example; when assisting relatives of deceased AIDS patients to obtain support for AIDS orphans: Does one apply for child grants at the 'municipality' or at the 'government office'? These institutions were often interpreted as being the same and the applicants would spend already limited money on unnecessary transport costs.
- Many of the representatives of identified service providers were not available for interviews during the assigned project period due to their **attendance of the National AIDS conference** which was held in Durban.
- The **national strike actions by the Public Service employees** also impacted on the availability of individual respondents during the last two weeks of the identification of HIV service providers phase of the project:
 - In many cases the respondents were present at the place of work, yet they experienced an increased workload and could therefore not avail themselves for the scheduled interviews.
 - Some planned appointments never took place as a result of this, for example the highly-anticipated appointment with traditional healers of the Refilwe area.
 - A few instances occurred where the project consultant was advised not to approach areas for safety reasons. Some interviews could be re-scheduled and moved to other locations, for example the appointment with Dr. Moloto.

3. Contextualising of the Metsweding mapping project in terms of relevant HIV and AIDS data

Though the primary purpose of this project was to identify HIV and AIDS service providers in the demarcated area, it is imperative to contextualise the project within the bigger picture of HIV and AIDS in South Africa.

The purpose of reflecting on aspects such as national data and statistics, as well as international reports, is to:

- Confirm the statistics on this epidemic;
- Emphasise the need for urgent actions;
- Indicate the need to step up the pace regarding both prevention and treatment interventions in South Africa, and
- Emphasise the critical need to capacitate HIV and AIDS service delivery within the Metsweding district in the Gauteng province.

3.1. National data and related HIV and AIDS statistics

3.1.1. Midyear population estimates South Africa 2007

National census population estimates obtained from the midyear report released in 2007 has taken into consideration the impact of HIV and AIDS on the demographics of the country:

- The mid-2007 population is estimated at approximately 47,9 million (47 850 700), but the population estimates for 2007 are lower than previously published due to additional information about mortality now available to Statistics South Africa;
- The **overall estimated HIV-prevalence rate** is approximately 11%;
- The **HIV- positive population is estimated** at approximately 5,3 million; and
- The overall impact of HIV on the level of fertility is unlikely to be large in comparison with other factors influencing fertility in South Africa. It is estimated that the fertility rate has decreased from an average of 2,89 children per woman in 2001 to 2,69 children by 2007 (Midyear population estimates South Africa, 2007, Statistics SA)

3.1.2. National HIV and Syphilis Antenatal Sero-Prevalence survey South Africa, 2006

HIV and AIDS remains one of South Africa's biggest challenges and threaten to reverse the gains made in advancing development and political stability, particularly in Sub-Saharan Africa where an estimated 24.7 million individuals are living with HIV.

In South Africa, a total number of 5.41 million individuals are estimated to have acquired HIV infection by the end of 2006 according to figures provided by the Department of Health (DoH). The *National HIV and Syphilis Antenatal Sero-Prevalence survey in South Africa 2006*- provides the best available estimates of HIV infection among the South African females accessing antenatal services (National HIV and Syphilis Antenatal Sero-Prevalence survey in South Africa 2006)

This survey has been conducted since 1990 and therefore provides comparable information on HIV and AIDS statistics and makes use of the Department of Health model for estimating the number of HIV infected people in the general South African population. The model utilises national population figures and HIV prevalence estimates and a number of standard assumptions are made in the modeling:

- **General HIV prevalence:** The findings of the 2006 survey indicate that HIV prevalence among pregnant women is 29.1% (CI 28.3% - 31.2%) compared to the 30.2% (CI 29.1% – 31.2%) observed in 2005.
- **HIV prevalence by age group:** HIV prevalence is different among the different age groups suggesting different patterns of risk.

HIV prevalence by age group among antenatal clinic attendees, South Africa: 2004 – 2006

Age Group (Years)	HIV prev. (CI 95%) 2004	HIV prev. (CI 95%) 2005	HIV prev. (CI 95%) 2006
<20	16.1 (14.7 - 17.5)	15.9 (14.6 - 17.2)	13.7 (12.8 - 14.6)
20 – 24	30.8 (29.3 - 32.3)	30.6 (29.0 - 32.2)	28.0 (26.9 - 29.1)
25 – 29	38.5 (36.8 - 40.3)	39.5 (37.7 - 41.3)	38.7 (37.3 - 40.2)
30 – 34	34.4 (32.2 - 36.6)	36.4 (34.3 - 38.5)	37.0 (35.5 - 38.5)
35 – 39	24.5 (21.9 - 27.2)	28.0 (25.2 - 30.8)	29.3 (27.7 - 31.5)
40+	17.5 (14.0 - 21.0)	19.8 (16.1 - 23.6)	21.3 (18.5 - 24.1)

Note: 1. The true value is estimated to fall within the two confidence limits, thus the Confidence interval (CI) is important to refer to when interpreting data;

2. The sample size for women in the 40 to 49 year age group is small. Thus the prevalence rate in this group should be read with caution, as confidence intervals are wide.

Note: The true value is estimated to fall within the two confidence limits, thus the Confidence interval (CI) is important to refer to when interpreting data

Source: National HIV and Syphilis Antenatal Sero-Prevalence survey in South Africa 2006

- **HIV infection is higher among women in their late twenties and early thirties and lower among teenagers.** Declines in HIV prevalence among young women (below 20 years) were recorded from 2004 to 2006, in comparison to the 2002 to 2004 in which a slight increase was observed. (National HIV and Syphilis Antenatal Sero-prevalence survey in South Africa 2004 and 2006. Department of Health, 2004 and 2006). DoH suggests that this may be an indication of a decline in HIV incidence in this group.
- There have been **increases in prevalence in woman over 30 years between 2004 and 2006:**
- DoH suggests that this may be partly due to infected women in the younger age group moving to an older age group. The **number of deaths due to AIDS** each year is expected to rise rapidly in South Africa from:
 - Around 90 000 in 2000;
 - Up to 545 000-635 000 for the year 2010.
- **AIDS deaths will soon outstrip non-AIDS deaths** in adults in the economically active age groups. (SA Health Review, 2000, chap.15: 305)
- The survey **estimates the HIV prevalence rate for adults is 18.34%.** This is based on the antenatal data which found that 29.1% of pregnant women were HIV positive in 2006, a decrease in comparison to the 2005 estimate of 30.2%. HIV prevalence is markedly different among the different age groups of women suggesting different risk patterns.

- Overall, the study suggests that the HIV prevalence has decreased and this may be the start of a downward trend.

These findings confirm that despite the decreases in prevalence in some groups, HIV and AIDS are still a problem of public health importance and warrant the continued efforts and resources of government, business and civil society. (National HIV and Syphilis Antenatal Sero-Prevalence survey in South Africa 2006),

3.1.3. UNAIDS and WHO 2006 AIDS Epidemic Update

The *2006 AIDS Update* which was released in December 2006 provided new evidence which suggests prevention efforts are having a positive effect in a small, but growing group of countries. However the big picture remains bleak.

This report confirms and highlights the need for increased HIV and AIDS service provision in Africa and more specifically in South Africa.

Refer to some extracts and examples from the report that is specifically relevant:

3.1.3.1. New developments

- Sub-Saharan Africa continues to bear the brunt of the global epidemic
- The region is home to an estimated 24.7 million adults and children infected with HIV – an increase of 1.1 million since 2004.
- Declines in national HIV prevalence are currently neither strong nor widespread enough to diminish the epidemics' overall impact in this region.
- HIV epidemics in Mozambique, South Africa and Swaziland continue to grow.
- HIV infection levels among young pregnant women appear to be stabilizing.
- HIV infection rates continue to increase in older women.
- Considerable efforts have been made towards improving access to antiretroviral treatments.

3.1.3.2. Narrowing the gaps

- Indications are that some of the treatment gaps will narrow further in the immediate years ahead, but not at the pace required to effectively contain the epidemic.
- It has long been recognised that gaining the upper hand against AIDS epidemics around the world will require rapid and sustained expansion in HIV prevention. Achieving universal access will require co-ordination of different approaches.
- Prevention, treatment, care and impact mitigation goals will have to be pursued simultaneously, not sequentially or in isolation from each other.
- Countries will need to focus on programme implementation, including strengthening of human and institutional resources, and initiate strategies that allow for the greatest possible level of integration of services. All of this must be done with great urgency. (UNAIDS/WHO AIDS epidemic update: December 2005)

3.1.3.3. Intensifying prevention: the road to universal access

- Efforts to rapidly expand and sustain access to antiretroviral treatment and care will be undermined if the spiraling cycle of new HIV infections is not broken.
- All strategies must also recognize that HIV prevention and treatment are interlinked and that both should be simultaneously accelerated. Prevention and treatment are essential partners.
- Putting HIV into context requires that HIV prevention programmes must address the contexts in which people live their lives for optimal effectiveness.
- Prevention programme efforts must also address people of all ages to be fully effective. In South Africa, the rise in HIV prevalence among women older than 34 years is particularly striking.
- AIDS requires an intelligent, forceful and exceptional response. Uncoordinated efforts or those that provide only partial solutions will not bring about a significant reduction in the number of new infections. (UNAIDS/WHO AIDS epidemic update: December 2005)

4. Demarcating the project area

Metsweding is situated within the borders of the Gauteng province.

4.1. Gauteng Province



Source: <http://en.wikipedia.org/wiki/Image:>

Gauteng province is one of the inland provinces and shares borders with various other provinces in South Africa:

- Mpumalanga to the East
- North-West to the West
- Limpopo to the North
- Free State to the South East

4.2. Demographics of Gauteng:

- Gauteng had a population of 8, 8 million people in 2001, and is estimated to have a population of 9, 7 million people in 2007 which is the second highest of the nine provinces.
 - Covers a surface area of 16 548km²
 - Despite comprising only 1, 4% of the total land area of South Africa, the province is home to 20, 2% of the total population of the country (these figures will potentially be higher once later census statistics are made available) and is the most densely populated province.
 - The racial composition:
 - Black African -75%
 - Whites - 18,9%
 - Coloureds - 3,7%
 - Indian/Asians - 2, 4%.
 - Gender composition:
 - Males - 51,3%
 - Females - 48,7%
- (www.statssa.gov.za, 2007, Statistics South Africa)

4.3. Socio-economic conditions and the resulting effects on health in the province

The population of Gauteng has the highest increase rate of all the provinces. Rapid urbanisation has fuelled the growth of informal settlements where inadequate infrastructure leads to the development of unfavourable health conditions.

- On average 65%-70% of the Gauteng population make use of the public hospital system.
- According to the Household Surveys done in 1995 and 1999 it was estimated that the population who do not have medical insurance had increased from 59, 7% in 1995, to 73, 1% in 1999. This group is made up by mainly the unemployed sector of the population.

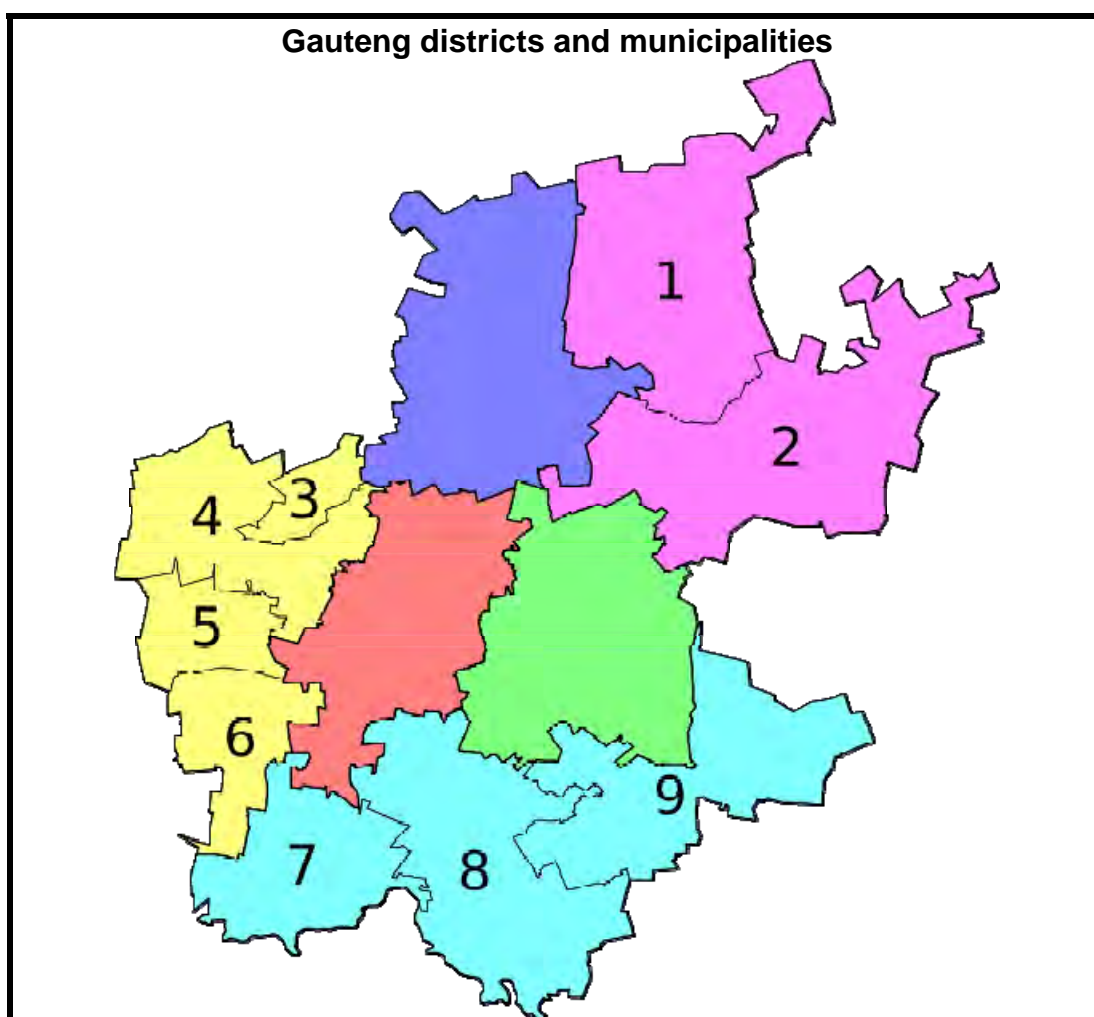
(The Dawn of a Healthy and better Life – Celebrating 10 years of Democracy in Health in Gauteng. Gauteng Department of Health)

4.4. Provincial demarcation

Gauteng province has three different types of municipalities in operation including:

- (i) **Three metropolitan** municipalities: City of Tshwane; City of Johannesburg; and Ekurhuleni;
- (ii) **Three district** municipalities: Sedibeng; **Metsweding**; and West Rand; and
- (iii) **Nine local** municipalities:

Refer to the map below for a detailed breakdown of the different municipal boundaries as per the colour indicators.



Source: http://en.wikipedia.org/wiki/Image:Gauteng_municipalities_map.svg#file

- **Gauteng districts:**
 - **Red:** City of Johannesburg Metropolitan Municipality
 - **Blue:** City of Tshwane Metropolitan Municipality
 - **Green:** Ekurhuleni Metropolitan Municipality
 - **Purple/pink:** **Metsweding District Municipality**
 - **Turquoise:** Sedibeng District Municipality
 - **Yellow:** West Rand District Municipality
- **Local municipalities**
 - **Nokeng tsa Taemane Local Municipality**
 - **Kungwini Local Municipality**
 - District Management Area of the **West Rand District Municipality**
 - Mogale City Local Municipality
 - Randfontein Local Municipality
 - Westonaria Local Municipality
 - Emfuleni Local Municipality
 - Midvaal Local Municipality
 - Lesedi Local Municipality

Refer to Annexure A: *Districts and municipalities of the Gauteng province* for further detail

4.5. District demarcation

The *Metsweding District Municipality* was established as a **cross-boundary category C municipality** on 5 December 2000. It contains the **local category B municipalities** of *Kungwini* and *Nokeng tsa Taemane*.

This area previously was part of the Eastern Gauteng Services Council (EGSC) before it was disestablished on 6 December 2000.

(www.metsweding.com, 2007, Metsweding District Municipality)

5. The Metsweding district

Refer to the visual representation below for a breakdown of the Metsweding district.

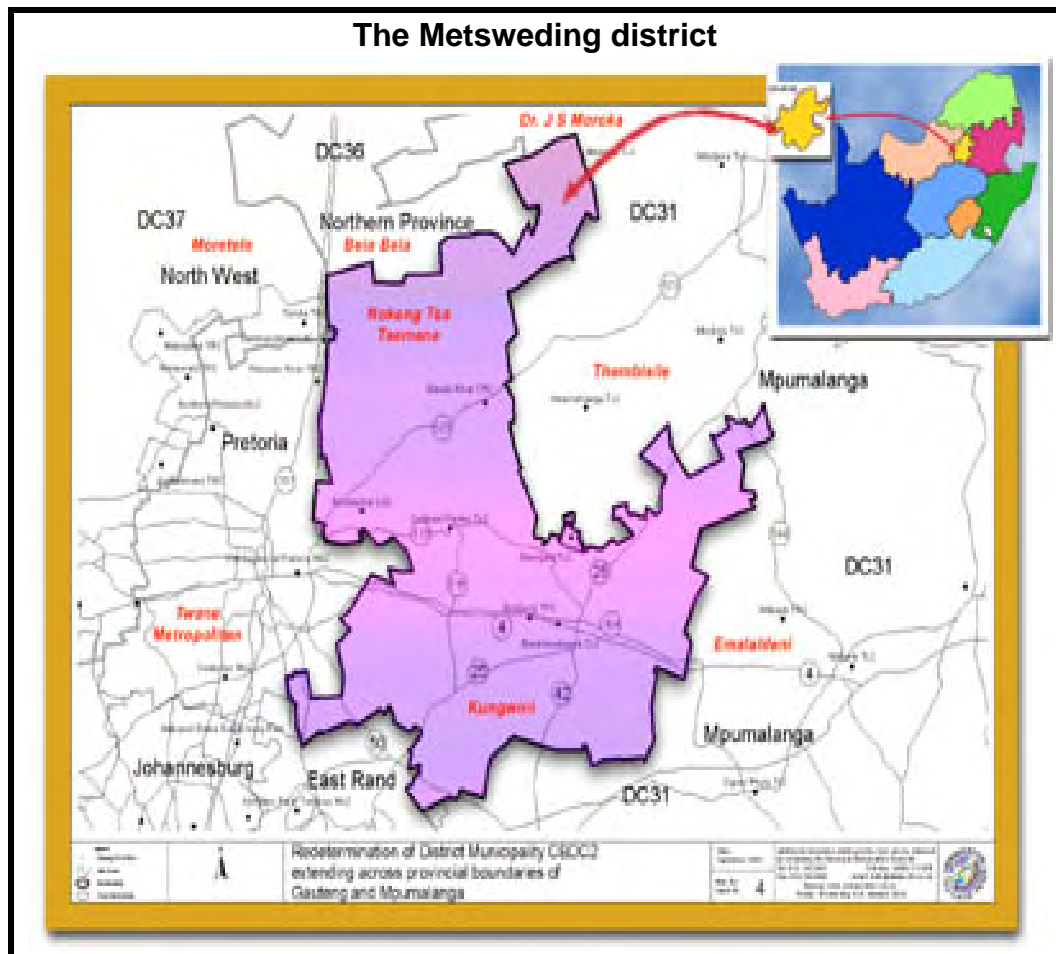
5.1. An overview of the district

Metsweding is surrounded by:

- Waterberg (DC36) to the north
- Nkangala (DC31) to the east
- Ekurhuleni (East Rand) to the south-west
- Bojanala Platinum (DC36) to the north-west
- Tshwane (Pretoria) to the west.

(http://districts-of-south-africa.zdnet.co.za/zdnet/Districts_of_South_Africa, 2007, Districts of South Africa)

5.2. The geographic location



(Source: www.demarcation.org.za)

One of the challenges described earlier, was the fact that information differs on the exact demarcation of areas to be included in the *Metsweding district municipality*.

Refer to the examples below:

- (i) Information provided by the website of the *Gauteng Shared Services Centre of Gauteng Provincial Government (GPG)* and the website www.demarcation.org.za indicate **similar towns/settlements** to form part of the district concerned:

- Gauteng Shared Services Centre of Gauteng Provincial Government:

1. Metsweding District Municipality (CBDC2)	Bronkhorstspuit, Cullinan, Eastern Gauteng, Roodeplaat, Elands River, Bronberg, Ekangala, Highveld DC, Pienaarsrivier
2. Nokeng Tsa Taemane Local Municipality (GT02B1)	Cullinan/Rayton, Roodeplaat, Elands River, Pienaarsrivier
3. Kungwini Local Municipality (CBLC2)	Bronkhorstspuit, Ekangala, Bronberg

Source: www.gssc.gpg.gov.za

- Information provided by the website www.demarcation.org.za:
 - **Kungwini** local municipality that includes the areas Bronkhorstspuit, Ekangala and *Bronberg*.
 - **Nokeng Tsa Taemane** local municipality that includes the areas Cullinan, Rayton, Roodeplaat, Elands River, Pienaarsrivier. (www.demarcation.org.za)
- (ii) Another government source provides **differing information** (note the use of *italics* to differentiate the differences):
 - **Kungwini** local municipality:
 - Bronkhorstspuit, Ekangala, *Kungwini, Retahbiseng*
 - **Nokeng Tsa Taemane** local municipality:
 - Cullinan, *Baviaanspoort, Kekana Gardens, Onverwacht, Premier Mine, Rayton, Sonderwater, Vergenoeg* (Project Consolidate – municipal Imbizo. Preview on Metsweding District Municipality by the Deputy Director-General: Department of Provincial and Local Government. 2005: Pretoria. (www.thedplg.gov.za)

5.3. Demographics of Metsweding

The Metsweding District consists of both urban and peri-urban localities, but to a greater extent it has a dominantly **rural-based population**:

- It was estimated to have a population of 162 270 (Statistics South Africa new demarcation, 2005) which is estimated to have increased to 171274 (based on the Statistics South Africa's Midyear review, 2007):
 - Kungwini population: 67.13%
 - Nokeng tsa Taemane population: 32.90%
- This includes 44 392 households.
- The racial composition:
 - Black African -78,2%
 - Whites – 20,4%
 - Coloureds – 1,2%
 - Indian/Asians – 0, 2%.

- Gender composition:
 - Males - 51,3%
 - Females - 48,7%
- Language distribution:
 - IsiNdebele - 20.11%
 - Afrikaans - 19.24%
 - Sepedi - 18.51%
 - IsiZulu - 16.59%
 - Sesotho - 5.94%
 - Setswana - 4.65%
 - Xitsonga - 4.49%
 - English - 3.36%
 - SiSwati - 3.10%
 - IsiXhosa - 2.26%
 - Tshivenda - 1.04%
 - Other - 0.72%

(http://districts-of-south-africa.zdnet.co.za/zdnet/Districts_of_South_Africa 2007, Districts of South Africa)

- The education levels provide alarming statistics: 37, 30% of the population had either no schooling or only up to the level of primary education.

5.4. Challenges being faced by the district municipality

Some of the challenges facing the district municipality with regards to **the health status of its inhabitants** include:

- Upgrading and maintaining existing infrastructure;
- Addressing backlogs in water, sanitation and infrastructure; and
- Providing basic services in new housing projects and new townships.

Despite the fact that the *Metsweding District Municipality* has made significant progress with regard to **basic service delivery and infrastructure**, specific challenges remain, and the general provision is still below the provincial average. For example:

- The total *number of households with water* below the RDP standards is 4% of the total households.
- The total number of households with sanitation below RDP standards in the District is 29% of the total households.
- Although there has been some progress in the area of *housing delivery*:

- Formal housing – 71%
 - Informal housing – 25%
 - Traditional housing – 5%.
- (www.thedplg.gov.za, 2005, Project Consolidate)

5.6. The economic environment

Economic activities in the area comprise of:

- **Farming activities** that involve maize and cattle with flowers, especially roses developing as a niche market.
- The **manufacturing industry** which provides most jobs, although the District Municipality recognizes that the sector may face an uncertain future. The greater part of manufacturing is concentrated on downstream agricultural processing such as wood, maize and egg production.
- The **mining industry which** employs about 2000 people and is operational around Cullinan in the *Nokeng Tsa Taemane* Local Municipality.

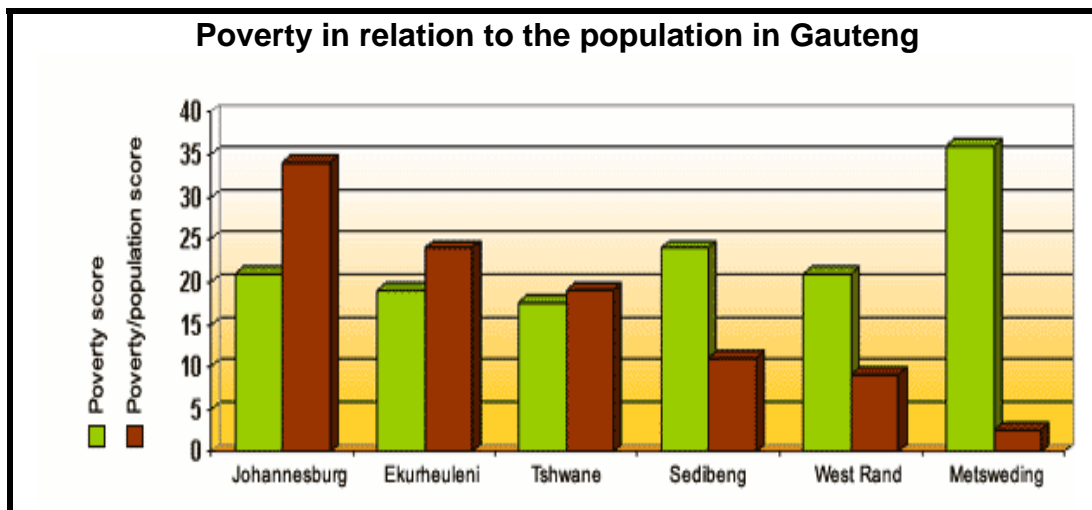
The district has a **low skills base** compared to urban areas in Gauteng, but has a clear focus in developing the Tourism sector and creating better opportunities for SMME's.

(www.thedplg.gov.za, 2005, Project Consolidate)

The Gauteng Executive Council embarked on a labour-intensive job creation programme, the Zivuseni Poverty Alleviation Programme to **alleviate poverty** and address the **high levels of unemployment** in the Gauteng province. Detailed information was required and for this purpose a poverty index was developed by the company commissioned to assist with this endeavour:

- Poverty-relevant data was from the 1997 *October Household Survey* was used.
- A poverty score for each municipality was calculated using a range of items that included:
 - Rates of unemployment;
 - Rates of literacy;
 - Residents' access to basic services; and
 - Food security.
- A high score corresponds to high levels of poverty. (Targeting for the Zivuseni Poverty Alleviation Programme, 2007, S and T, www.s-and-t.co.za)

Through the poverty index, the Metsweding district is shown as the most impoverished district in Gauteng. Refer to the graph below for an overview of the poverty scores achieved by the different districts.



Source: www.s-and-t.co.za.

During the district-wide Municipal Imbizo held in December 2005 which formed part of government's programme of action to enhance service delivery, public participation and strengthen the capacity in municipalities, the premier of Gauteng indicated that **Metsweding was the poorest District in the Province**, despite the fact that it is located next to relatively affluent cities such as Ekurhuleni and Tshwane.

(*Mlambo-Ngcuka pledges to assist Metsweding to grow its economy*, 2005, www.info.gov.za)

5.7. Health and related matters

The health statuses of communities are positively correlated with socio-economic conditions. Consequently, rapid urbanisation, unemployment and social dislocation increase the risk of the spread of poverty related diseases, sexually transmitted infections and HIV infection. (*The Dawn of a Healthy and better Life – Celebrating 10 years of Democracy in Health in Gauteng, 2004*, Gauteng Department of Health: 7)

- Though Gauteng has the highest percentage of **households with access to piped water**, Metsweding has the lowest percentage of the six districts of the province. Compare for example:
 - Sedibeng – 97,4%
 - Johannesburg – 97,2%
 - Tshwane – 97,3%
 - Metsweding – 88,2%
- The percentage of **households with refuse removal** are distributed as follows:

- Sedibeng – 50,9%
- Johannesburg – 93,9%
- Tshwane – 90,1%
- Metsweding – 39, 6%.

According to the District health barometer, 2005/06 (2006, Barron, Day, Monticelli, Vermaak, Okorafor, Moodley and Doherty), **the HIV and AIDS infection rate has increased in the Metsweding district** which gives rise to a continued demand for palliative care services, including hospice and home-based care. (St. Joseph's Business Plan for the Gauteng Provincial Department of Health for Palliative Care Programmes Hospice & Home-based Care - April 2007 – March 2008, 2007, St. Joseph's)

During the discussion on the effect of socio-economic conditions on health in the province it was cited that on average 65%-70% of the Gauteng population make use of the public hospital system (*The Dawn of a Healthy and better Life – Celebrating 10 years of Democracy in Health in Gauteng*. Gauteng Department of Health). Though the Primary Health Care clinics are very active in this district, it is important to note that **no Public hospital exists in this area**. Additionally, Metsweding has seen a decline in public health clinic expenditure, as stated in the health care utilization report.

*“Gauteng’s most deprived district, **Metsweding** (the areas around Bronkhorstpruit and Cullinan) has seen a decline in the money spent on PHC services from R169 per person in 2001/2 to R119 in 2005. In comparison, Ekurhuleni spent more than double, R270. (Primary health care under-utilised in Gauteng South Africa’s “powerhouse”, 2007, Anso Thom [online] www.health-e.org.za)*

6. HIV and AIDS service providers mapped

6.1. An overview of the service providers

In the discussion pertaining to the project methodology the process of mapping the identified and sourced service providers was discussed at length.

It must however be emphasised that **a conscious effort was made to:**

- (i) Locate and interview **as many HIV and AIDS service providers as possible** during the designated project period; and
- (ii) Identify and include service providers operative in the Metsweding district that **represent different types of organisations** in both the public, and where applicable, the private sector.

The project commenced with a single contact number for an individual employed by the Cullinan ART clinic. It is with gratitude that it can be reported that the data of 33 HIV and AIDS service providers has been captured in a directory for the Metsweding district.

HIV and AIDS service providers included in the Metsweding directory comprise of:

- **Provincial government:** specifically the GPG Primary Health Clinics and medical practitioners employed in the Public Service;
- **Local government:** though limited interaction was established, an interview was conducted with an HIV and AIDS coordinator;
- **NGO's:**
 - primarily registered organisations,
 - yet a number of organisations were located that were either in the final process of *being registered*, or were contemplating applying for registration;
- Representatives from both:
 - the **private**; and
 - the **public** sectors;
- Organisations that functioned as:
 - Well-organised, **'formal' organisations**; and
 - **'Informal' organisations** where individuals demonstrate a willingness to make a contribution to the lives of others affected by HIV and AIDS in the Metsweding area, albeit in a less structured manner.

6.2. Results of the mapping project

6.2.1. Data obtained from the mapping project

A total of 33 service providers in the Metsweding region were visited and interviewed. Contact and service details of the participating HIV and AIDS sites/facilities have been compiled to form a service directory for Metsweding.

6.2.2. Period of time that facilities have been operational

The 33 facilities that were mapped as HIV and AIDS related services providers in the Metsweding demarcated area presented a varied distribution in terms of the number years that they have been operational. Three periods of time were used to categorise the period that the specific facilities have been in operation.

The following distribution was found for these facilities:

- Less than one year: 3
- One to five years: 11
- Longer than five years: 19

The following graph illustrates this distribution for all facilities mapped.

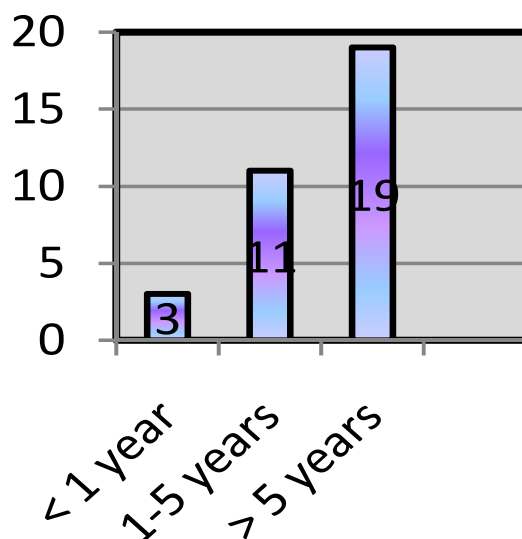


Figure 1: Number of years that facilities have been operational

6.2.3 Number of people employed at the facilities

The following graph illustrates the distribution of the human resources employed in the facilities mapped.

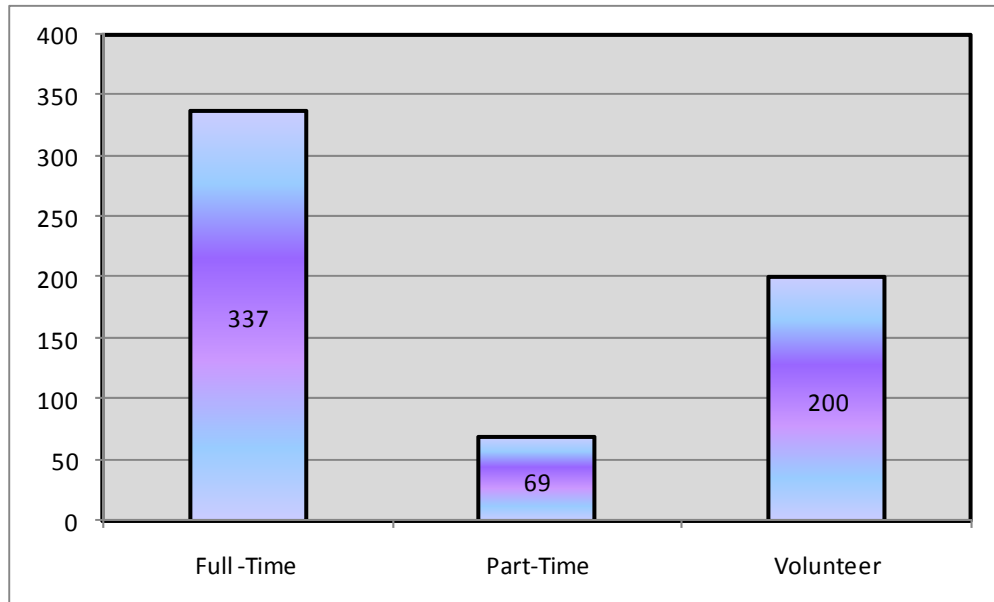


Figure 2: Distribution of types of employment of facility staff

Three categories of employment were used to describe the status of current staff members who provide services at the identified facilities. At the 33 facilities the following numbers of people were providing services as per the type of employment:

- Full time: 337
- Part time: 69
- Volunteer: 200

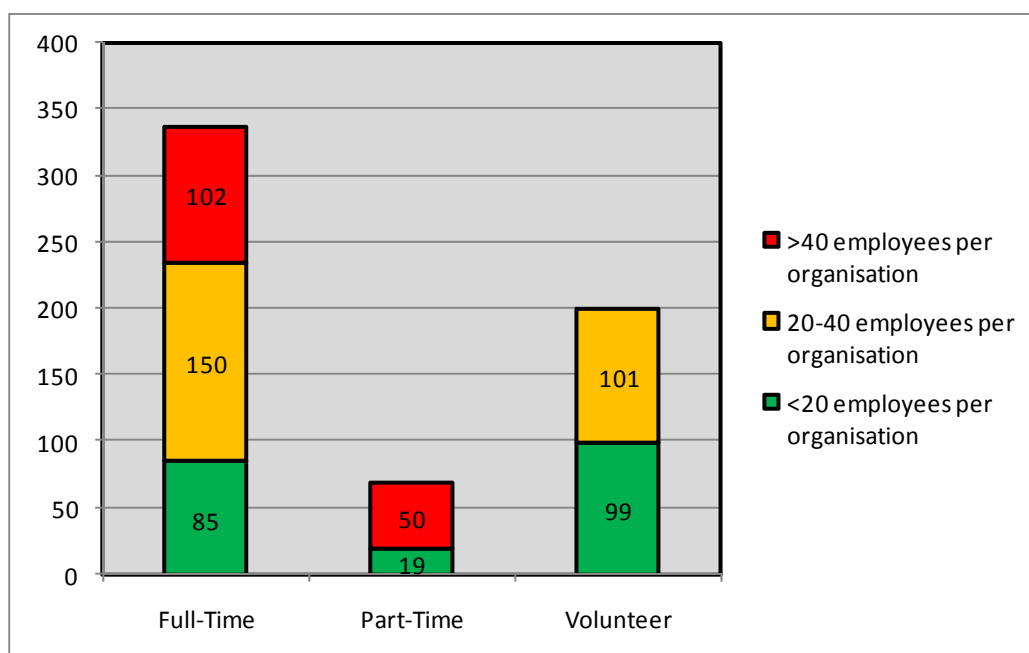


Figure 3: Distribution of employees by type and number

The large frequencies are deceiving, and not a true reflection of the overall availability of staff per organisation in the region. When the distribution is divided by the number of staff employed per organization (less than 20, 20 – 40, more than 40) as in figure 3, it is evident that there are differences in the numbers of staff employed at different organisations as 152 people are employed in organisations that employ more than 40 people, 251 people are employed by organisations that have 20-40 employees, and 203 employees are employed by organisations that employ less than 20 people.

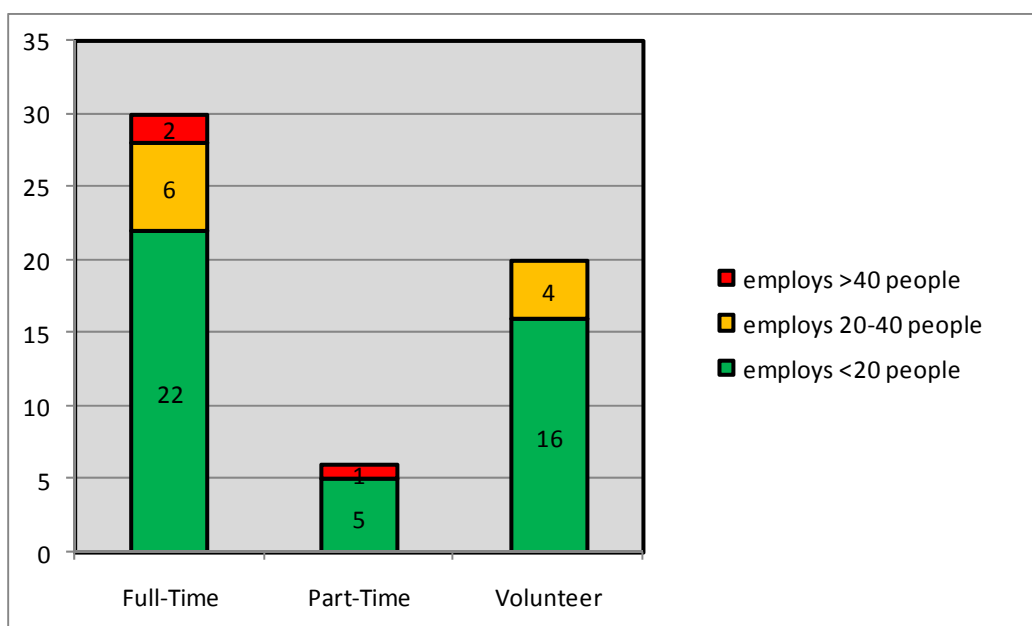


Figure 4: Distribution of employees by type and organisation numbers

The extent of this difference is depicted in figure 4, when the division is by organisations that employ the staff in each category. To quantify the difference, when the employment types are added there are 606 employees of whom 262 are employed by 4 organisations (more than 40 group); 207 are employed by 7 organisations (20 to 40 group); while the remaining 137 are employed by 21 organisations (less than 20 group). This implies that on average a large number of the service providers have five employees, and that the majority of the service providers (21 of the 33) fall into this category. The data indicates that despite the relatively large number of employees in Metsweding, the majority of service providers have low staff numbers (range 1 to 19, median of 5).

Specific ratios of health care professionals per a set number of patients on ARV treatment has been suggested by the *Human Resource Model*. This model is adopted by the *National Operational Plan* by which it is calculated that for optimal treatment and care of 500 patients, the following numbers of human resources are required:

- one doctor,
- two professional nurses,
- one pharmacist; and
- one dietician.

(cited in SA Health Review, 2005, chap.16:226)

Based on the calculations done to determine the estimated number of health care staff members required to provide ART per 500 patients of the estimated number of patients in the Metsweding area, the estimated number of human resources is as follows:

- Doctors: 24
- Professional nurses: 48
- Pharmacists: 24
- Dieticians: 24

6.2.4. Types of service providers

The mapping project ascertained that of the 33 identified facilities that provide HIV and AIDS services in the Metsweding area, the following number of facilities can be categorized as:

Gauteng Provincial Government - PHC clinics	7
Gauteng Provincial Government - Management/other	3
Local Municipality – Nokeng HIV and AIDS Coordinator	1
Public Hospitals	0
Private Hospitals	2
Doctors - Private practice	4
Doctors - Employed in GPG PHC clinics	2
Social work – GPG	1
Social work - NGO	2
NGO - Home-based care relevance(HBC)	4
NGO - Support group relevance (youth, PLWA, etc.)	4
Other Service Providers	3
TOTAL	33

Source: Annexure C: Directory of HIV and AIDS service providers (*Excel* document)

The following graph illustrates the categories per organisation type of the facilities mapped.

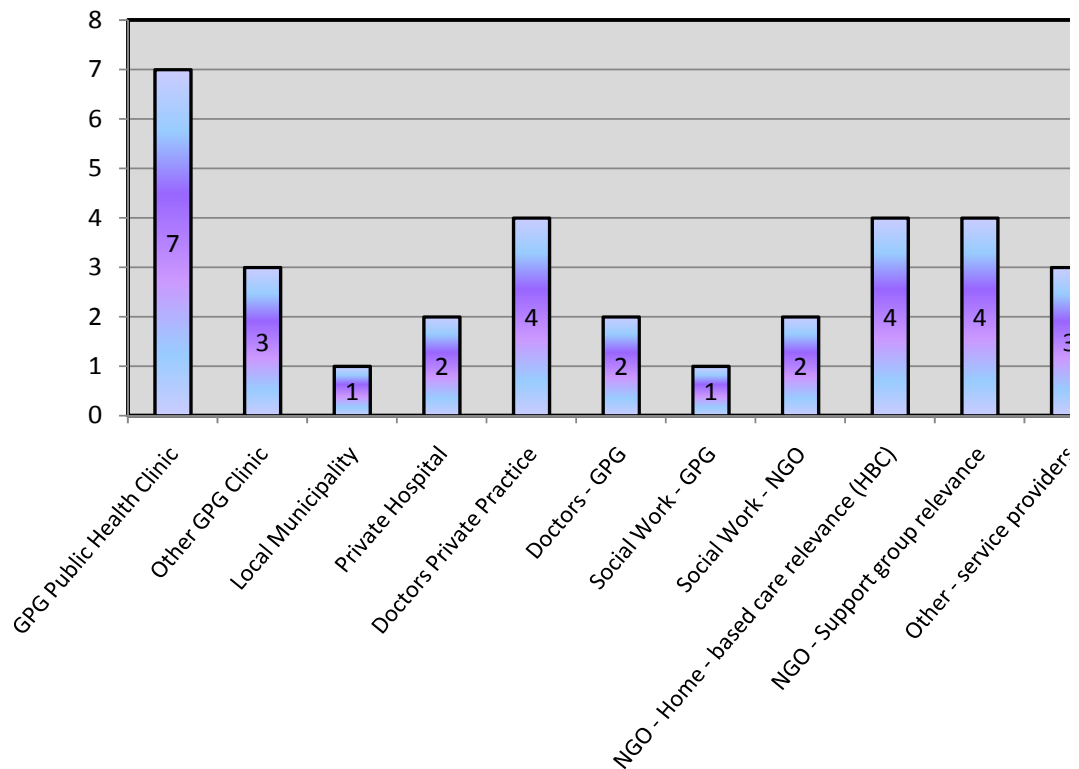


Figure 4: Registration of facilities per organisation type

Based on these findings it is evident that in Metsweding:

- Service providers are limited
- They are predominantly operational in the public service domain;
- There are no public hospitals

6.2.5. Categories of services provided by the facilities

This mapping project was successful in identifying a total of 33 sites that deliver HIV and AIDS related services in Metsweding. The following services were identified and then verified per specific site/facility:

- In terms of prevention services:
 - Education: 27
 - Condom distribution 25
 - Voluntary Counselling and Testing (VCT): 25
- In terms of treatment services:
 - Treatment of sexually transmitted diseases (STI;OI) and Tuberculosis (TB): 23

- Anti-retroviral Treatment (ART): 22
- Nutrition: 22
- Counselling (Care and support) services relevant to HIV and AIDS: 25
- Orphan Care: 22

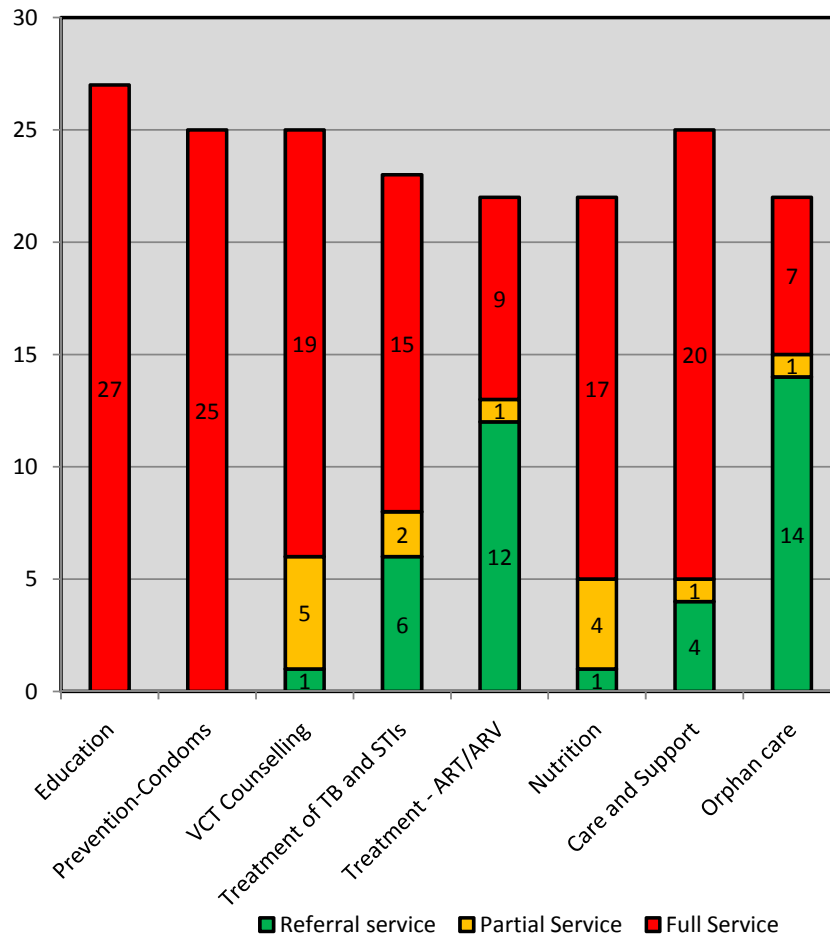


Figure 5: Type of Service Provided

Results that were found to be especially alarming are:

- The number of Full ARV treatment being offered, relative to the population (9)
- Extremely low levels of access to laboratories and radiology services (0)
- Limited provision of full services relating to orphan care (7)
- The number of VCT services available (19)

6.2.6. Most critical needs experienced

As expected various types and degrees of critical needs exist amongst all the service providers interviewed. Certain 'themes' repeatedly surfaced and they will be listed in the sequence as per the number of organisations that identified the aspects as a specific critical need.

Nearly all participants referred to the following needs:

- More **Hospice facilities** in the area;
- Residential **accommodation and care facilities for orphans**;
- **Food and nutrition** in all forms, ranging from ingredients to prepare meals, to food parcels, to supplements, to vitamins, to seeds required for food gardens; and
- **Transport for patients.**

With regard to the need for strengthened HR capacity, different needs were listed:

- An urgent need for **Social Workers** in all spheres of services provided;
- **Continuous training** to ensure nursing staff, lay counsellors and health promoters are kept abreast of best practices and provide the optimal services to patients; and
- A need for **trained project managers and facilitators** to effectively plan, manage and monitor HIV and AIDS related project.

General needs listed include aspects such as:

- Office and computer equipment;
- Kitchen equipment;
- Recreational equipment, toys and educational equipment for children; and
- Clothing and linen.

The number of people utilising HIV and AIDS related services in the Metsweding area per month are as follows:

- All service providers, except the Metsweding District Council: 13 645
- Metsweding District Council – PHC – 11 205

The following graph provides an illustration of the number of people making use of the services that these facilities offer.

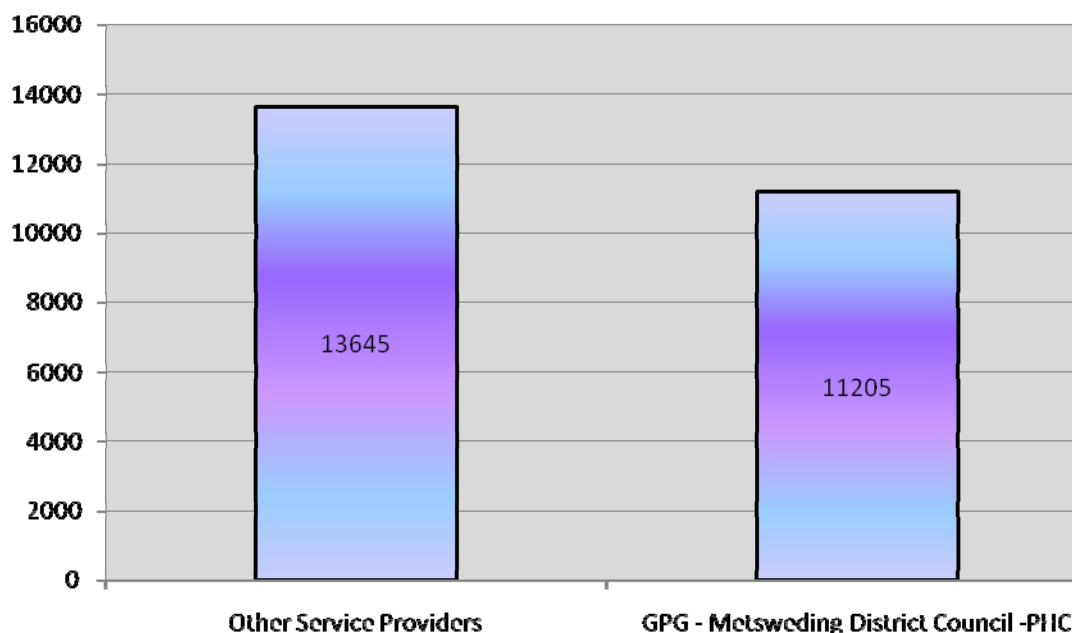


Figure 6: Number of people receiving services from the organisations per month

6.3. Needs Assessment

6.3.1. PMTCT

Despite the fact that the provision of PMTCT services were not mapped in this study, the relevant data indicates the need for these services and the following projected needs for PMTCT in the Metsweding area are estimated as follows:

Need for PMTCT in Metsweding	
Est. # Metsweding births	3435
% HIV+ births	4.07
# of people in need of PMTCT	140

Figure 8: Estimated number of people that need PMTCT

6.3.2. Orphan care

The urgent and desperate need to provide adequate orphan care cannot be over-emphasised. According to National and Provincial Indicators for 2006:

- there is around 1 million (1 201 675) children orphaned as a result of AIDS ,
- rising to 2.2 million (2 151 616) in 2015. (The demographic impact of HIV/AIDS in South Africa, 2006, Dorrington, Johnson, Bradshaw and Daniel)

As mentioned in the description of the findings pertaining to the services mapped in Metsweding, the low availability of orphan care is a cause for concern, especially given the fact that current adult deaths are going to place even greater demand on the limited resources and facilities available. The estimated need for orphan care in the Metsweding area has been calculated as follows:

Need for Orphan care:	
% AIDS orphans	2.52
# AIDS orphans in need of care	4310

Figure 9: Estimated number of orphans

6.3.3. Provision of VCT

Taking the projected needs for VCT into consideration it is evident that the current provision of VCT services is inadequate for current needs.

VCT Sites per 100 000 People:	
# of VCT Sites	19
Metsweding population (2007)	171481
VCT Sites/100 000	11.09334

Figure 10: Estimated number of VCT sites available

The facilities mapped indicated that of the 33, only 19 of them indicated that they provide VCT services. That equates to 11 sites per 100 000 people, or just over 9000 people per VCT site.

6.3.4. Provision of ART

Despite a substantial increase in ART provision from previous years, the numbers of patients on ART are too small to have had large scale effects on the population who are HIV+ or on the broader public health system. Major challenges have been identified to improve access to antiretroviral treatment including:

- Financing;
- Human resources;
- Drug supply management;
- Patient information; and
- Infrastructure. (SA Health Review, 2005, chap. 16, p: 225)

As indicated in the above article, the mapping project illustrated that the number of patients currently receiving ARV treatment in Metsweding is below the desired level in accordance with the projected need for ART (an estimated 11 809 people require ART). Refer to the projected need for ART in Metsweding as calculated below.

Need for ART:	
Est. Metsweding population	171274
Prevalence rate	14.67%
% in stage 3 of infection	37%
% in stage 4 of infection	10%
# HIV+ individuals	25126
# of people in need of ART	11809

Figure 11: Estimated number of people in need of ART

7. Conclusion

A lack of relevant and reliable information at a grass roots level is often identified as a barrier to creating a comprehensive strategy for preventing and decreasing the growth of the HIV and AIDS epidemic. The municipal level has been identified as the best level for HIV interventions, since it is close to the ground to identify the needs of the people while maintaining its link to government. However, the amount of data available at the municipal level is limited. This project attempted to decrease the information gap at the municipal level with a specific focus on identifying service providers in the Metsweding municipality.

The need for data in this area is exemplified with statements such as: *“Inequalities and poverty are most stark in rural communities such as in the Metsweding district. It is therefore logical to direct interventions to these communities, where the needs are the greatest”* (St. Joseph’s Business Plan, 2007).

This project was successful in identifying HIV and AIDS service providers within the Metsweding area. Information on the organizations as well as the type of services provided was gathered. This information was used to estimate the HIV and AIDS service needs of the area. Below is an overview of the estimated HIV and AIDS service needs:

Metsweding HIV and AIDS Needs Assessment	
Variables:	Values:
# Gauteng Aids orphans (Age under 18)	243 785
# of VCT Sites	19
% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. Metsweding population	171274
Gauteng population (2007)	9688189
Infected births (2007)	7903
Gauteng Prevalence rate (2007)	14.7%
Uninfected births (2007)	186417
# HIV+ individuals (Metsweding)	25126
% AIDS orphans	2.52
% births	2.01
% HIV+ births	4.07
Est. # of Metsweding Births	3435
Total Gauteng births	194320
# of people in need of ART	11809
# of people in need of PMTCT	140
# AIDS orphans in need of care	4310
VCT Sites/100 000	11.09334

Figure 12: Overview of the HIV and AIDS related projected needs in Metsweding

This information can be used to create improved interventions and strategies at the municipal level. It has identified the availability of services and the needs of the municipality, thus providing the necessary information to structure a coordinated effort.

It is the aim of this project to replicate this process in every municipality in the country to provide information from a municipal level to create realistic provincial assessments for HIV and AIDS needs.

8. Acronyms used

AIDS:	Acquired Immune Deficiency Syndrome
ART:	Antiretroviral Treatment/Therapy
ARV:	Antiretroviral
FPD:	The Foundation for Professional Development
GPG:	Gauteng Provincial Government
HIV:	Human Immunodeficiency Virus
HST:	Health Systems Trust
NGO:	Non Governmental Organisation
PHC:	Primary Health Care
PLWHA:	People living with HIV and AIDS
PMTCT:	Prevention of Mother- to- Child Transmission
VCT:	Voluntary Counselling and Testing

9. Annexure

Annexure A: Districts and municipalities of the Gauteng province

Annexure B: Questionnaire used to capture basic data pertaining to the mapped service providers in Metsweding

Annexure C: Directory: Metsweding HIV and AIDS Service Providers - Mapped June 2007

10. References

Articles and other sources

1. *St. Joseph's Care and Support Trust. Annual report. April 2006 – March 2007*, 2007. St. Joseph's: Bronkhorstspuit.
2. *St. Joseph's: Business Plan for the Gauteng Provincial Department of Health for Palliative Care Programmes (Hospice & Home-based Care. For the period April 2007 – March 2008*, 2007. St. Joseph's: Bronkhorstspuit.

Policy documents

1. *Clinical guidelines for managing HIV and AIDS in primary care*, 2001. Gauteng Health Department.
2. *Draft 2. Annual Performance Plan 2007 -2010*, 2006. Gauteng Provincial Government.
3. *Gauteng Department of Health. Annual report 2005/2006*, 2006. Marshalltown: Gauteng Department of Health.
4. *Metsweding District Municipality. Local Economic Development Strategy – Summary*, 2006. Metsweding District Municipality: Bronkhorstspuit.
5. *National Antiretroviral Treatment Guidelines*, 2004. Pretoria: Department of Health.
6. *The Dawn of a Healthy and better Life – Celebrating 10 years of Democracy in Health in Gauteng*. Marshalltown: Gauteng Department of Health.
7. *Operational plan for comprehensive HIV and AIDS care, management and treatment for South Africa*, 19 November 2003. Pretoria: Department of Health, 2003. www.doh.gov.za

Reports and studies

1. Demographic impact of HIV/AIDS in South Africa. National and Provincial Indicators for 2006. 2006. Dorrington RE, Johnson LF, Bradshaw D, Daniel T. Centre for Actuarial Research, South African Medical Research Council and Actuarial Society of South Africa.
2. District health barometer, 2005/06, 2006. Barron P, Day C, Monticelli F, Vermaak K, Okorafor O, Moodley K, Doherty T. Health Systems Trust.
3. *Midyear population estimates, South Africa, 2007*. Statistics South Africa. 2007. [Statistical release P0302 (2007)]. www.statssa.gov.za
4. *National HIV and Syphilis Antenatal Sero-prevalence survey in South Africa 2006*. 2006. Department of Health. www.doh.gov.za
5. *UNAIDS/WHO AIDS epidemic update: December 2006*, November 2006. UNAIDS and World Health Organisation.

6. *HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011*. 2007. Department of Health. www.doh.gov.za

Speeches and statements

1. Tshabalala–Msimang, M. *Statement of Cabinet on a plan for Comprehensive treatment and care for HIV and AIDS in South Africa*. Pretoria, 19 November 2003. Government Communications Services (GCIS)

Website information

1. (http://districts-of-south-africa.zdnet.co.za/zdnet/Districts_of_South_Africa). Census and demographic information pertaining to the Metsweding district.
2. www.demarcation.org.za Information regarding Metsweding cross-boundary municipality.
3. www.dlg.gpg.gov.za Information of local government.
4. www.gpg.gov.za
5. www.gssc.gpg.gov.za Gauteng province municipalities
6. www.health-e.org.za Primary health care under-utilised in Gauteng South Africa's "powerhouse", Anso Thom, 09 02 2007.
7. www.info.gov.za Mlambo-Ngcuka pledges to assist Metsweding to grow its economy.
8. www.metsweding.com Information pertaining to Metsweding
9. www.salga.net
10. www.s-and-t.co.za. Targeting for the Zivuseni Poverty Alleviation Programme by S and T.
11. www.thedplg.gov.za Project Consolidate – Municipal Imbizo. Preview on Metsweding District Municipality by the Deputy Director-General: Department of Provincial and Local Government (the dplg), Mr. Elroy Africa Pretoria, 8 December 2005.
12. www.wikipedia.org Maps (Gauteng province and Districts and municipalities)

Annexure A:

Districts and municipalities of the Gauteng province

Source: www.gssc.gpg.gov.za

Gauteng Province 15 Municipalities		
Metro / District / Local Municipality	Areas included	Contact detail
1. City of Tshwane Metropolitan Municipality	Greater Pretoria, Pretoria, Centurion, Northern Pretoria, Hammanskraal, Eastern Gauteng, Pienaarsrivier, Crocodile River, Western Gauteng, Winterveld, Temba, Mabopane, Ga-Rankuwa, Eastern DC, Roodeplaat	P O BOX 440, Pretoria , 0001 Tel: 012-337 4476 Fax: 012-325 3272
2. City of Johannesburg Metropolitan Municipality	Greater JHB, Northern JHB, Eastern JHB, Southern JHB, Western JHB, Edenvale/Modderfontein, Midrand/ Rabie Ridge/Ivory Park, Khayalami, Gatsrant	P O BOX 1049, Johannesburg , 2000 Tel: 011-407 7558 (mayor) 011- 407 7308 (manager) Fax: 011-403 1012
3. Ekurhuleni Metroplitan Municipality	Khayalami, Kempton Park/Tembisa, Edenvale/ Modderfontein, Brakpan, Greater Germiston, Greater Nigel, Springs, Greater Benoni, Boksburg, Alberton, Eastern Gauteng SC, Greater JHB, Eastern JHB, East Vaal, Eikenhof, Midrand/Rabie Ridge/Ivory Park, Suikerbosrand, Randvaal, Bronberg, Blesbokspruit, Daveyton/Etswatwa	Private Bag X1069, Germiston , 1400 Tel: 011 -820 4004 (manager) Fax: 011-820 4319
4. Sedibeng District Municipality (DC42)	Lekoa/Vaal, Vereeniging/Kopanong, Western Vaal, Heidelberg, Eastern Gauteng, De Deur/Walkerville, Devon/Impumelelo, Eikenhof, Randvaal, Vaal Marina, Blesbokspruit, Suikerbosrand, Western Gauteng, Vaal River, Vaal Oewer, Vischkuil	P O BOX 471, Vereeniging , 1930 Tel: (016) 450 3000 Fax: 016-455 2573
5. Emfuleni Local Municipality(GT421)	See Sedibeng Municipality Lekoa/Vaal, Western Vaal, Vaaloewer,Vaal River	P O BOX 3, Vanderbijlpark , 1900 Tel: 016-950 5421 Fax: 016-950 5030
6. Midvaal Local Municipality(GT422)	See Sedibeng Municipality Vereeniging/Kopanong, De Deur/Walkerville, Eikenhof, Randvaal, Vaal Marina, Suikerbosrand	P O BOX 9, Meyerton , 1960 Tel: 016-360 7400 Fax: 016-360 7519
7. Lesedi Local Municipality (GT423)	See Sedibeng Municipality Heidelberg, Devon/Impumelelo, Vischkuil, Blesbokspruit	P O BOX 201, Heidelberg , 1438 Tel: 016-340 4300 Fax: 016-341 6458

8. Metsweding District Municipality (CBDC2)	Bronkhorstspuit, Cullinan, Eastern Gauteng, Roodeplaat, Elands River, Bronberg, Ekangala, High-veld DC, Pienaarsrivier	P O BOX 40, Bronkhorstspuit , 1020 Tel: 013- 932 6308 Fax: 013-932 1796
9. Nokeng TsaTaemane Local Municipality (GT02B1)	See Metsweding Municipality Cullinan/Rayton, Roodeplaat, Elands River, Pienaarsrivier	P O BOX 204, Rayton , 1001 Tel: 012-734 4501 Fax: 012-734 4624
10. Kungwini Local Municipality (CBLC2)	See Metsweding Municipality Bronkhorstspuit, Ekangala, Bronberg	P O BOX 40, Bronkhorstspuit , 1020 Tel: 013- 932 6200 Fax: 013-932 0641
11. West Rand District Municipality (CBDC8)	Carletonville, Krugersdorp, Westonaria, Randfontein, Western Gauteng, Magaliesberg, Gatsrant, Vaal River, Fochville, Wedela, Southern DC	Private Bag X033, Randfontein , 1760 Tel: 011 - 411 5000/2 Fax: 011-693 4306
12. Mogale City Local Municipality (GT411)	See West Rand Municipality Krugersdorp, Magaliesburg, Magaliesberg	P O BOX 94, Krugersdorp , 1740 Tel: 011-951 2101/2107 Fax: 011-953 2547
13. Randfontein Local Municipality (GT412)	See West Rand Municipality Randfontein, Gatsrant	P O BOX 218, Randfontein , 1760 Tel: 011- 411 0051/2 Fax: 011-693 1736
14. Westonaria Local Municipality (GT414)	See West Rand Municipality Westonaria, Vaalriver	P O BOX 19, Westonaria , 1780 Tel: 011-753 1121 Fax: 011-753 4176
15. Merafong City Municipality (CBLC8)	See West Rand Municipality Carletonville, Fochville, Gatsrant, Southern DC, Wedela	P O BOX 3, Carletonville , 2500 Tel: 018-788 9500 Fax: 018-786 1105

**Annexure B:
Questionnaire used for mapping project**

No.	MAPPING OF HIV AND AIDS SERVICES IN Metsweding area: May 2007													
1. Name of your Organization / Group or Individual														
2. Physical address							3. Postal address							
4. Categories of Services provided: Cli = Hosp/clinic-based Com= Community-based	Lobbying (a)	Advocacy (b)	Prevention (Education) (c)		Prevention (Condoms) (d)		Diagnosis/ VCT/ Counselling (e)	Treatment (STI, OI) (f)	Treatment (TB) (g)	Treatment (ARVs) (h)	Nutrition (i)	Care & Support (j)	Radiology /Laboratory (k)	Orphan care (l)
			Cli	Com	Cli	Com								
5. How long has your service for HIV and AIDS been in operation?	Less than 1 year	1 to 5 years	More than 5 years											
6. Number of Staff members you have?	Full-time	Part-time	Volunteers											

7. What are the other resources you use for the service?	Accommodation for clients/patients (a)	Transport (b)	Equipment (c)	Materials (d)	Medicines (e)	Other (Specify):	
8. Average Number of people who use or access your services	In a month	In a year	Do not know		Quantify with each type of service:		
9. Which organizations performing HIV and AIDS related work do you have working relations with?							
10. What do you consider to be your most critical need?	Quantify:						
11. Explain your Facility's operating structure	Priv. co.	Pub. Sec	P.P.P	NGO	FBO	Section 21	

12. If you want to describe your services in more detail, please do so here						
13. Particulars of contact person	Name	Tel(w)	Fax(w)	E-mail address/website	Cell nr	
14. Would you be willing to allow the information given here made available to others who work on or are interested in HIV and AIDS in the area?	Yes	No				

Annexure C: METSWEDING HIV AND AIDS Service Providers - Mapped June 2007

Gauteng Provincial Government PHC clinics	7
Gauteng Provincial Government relevance	3
Local Municipality – Nokeng HIV/AIDS Coordinator	1
Public Hospitals	0
Private Hospitals	2
Doctors - private practice	4
Doctors - employed in G.P.G PHC clinics	2
Social work - G.P.G	1
Social work - NGO	2
NGO - Relevant to Home-based care (HBC)	4
NGO - Relevant to support groups (youth, PLWA, etc)	4
Unique and varying nature	3
TOTAL	33

Annexure C: METS WEDING HIV/AIDS Service Providers - Mapped June 2007																							
NAME	PHYSICAL ADDRESS	POSTAL ADDRESS	TYPE OF ORGANISATION	CONTACT NAME	TELEPHONE	FAX	MOBILE	EMAIL	WEB SITE	DESCRIPTION OF SERVICES	CATEGORIES OF SERVICES OFFERED							NUMBER OF PEOPLE ACCESSING SERVICES PER MONTH	MOST CRITICAL NEEDS EXPERIENCED	CURRENT HR CAPACITY		OPERATIONAL PERIOD	
											Prevention - Education	Prevention - Condoms	Diagnosis (D) + VCT+ Counselling (C)	Treatment - TB + STI + OI	Treatment - ARVs	Nutrition	Care & Support			Orphan care	Full time FT		Volunteers
BOPHELONG HOSPICE COMMUNITY HEALTH CENTRE	1768 Zwane street Tshepong Multi-purpose Centre, Refilwe, Cullinan	PO Box 511 Cullinan, 1000	NGO	Programme Manager: Mapule Maloi	(012) 732 0704	(012) 732 0704	072 4075055 076 8829353	Leseditc@telkomsa.net	NA	Provision of training to HBC counsellors RE. health care and shelter for terminally ill patients, including nutritional food and care (spiritually, social and mental)	√	√	C √	x	x	√	√	x	15 students	Hospice, transport for patients	1	26	5 yrs
BRONKHORSTSPRUIT PHC CLINIC Services/patients data inclusive for: Zithobeni-; Rethabiseng-; Kenana-; Sokhulum- and Mobile clinics Yet NOT HR capacity	Corner of Mark & Botha streets, Municipal offices, Bronkhorspruit	PO Box 40, Bronkhorspruit, 1020	Public - LOCAL + PROVINCIAL government clinics	Professional nurse: (provided info) Sr. Sarah Mantana Facility Manager: Sr. Amanda Strydom	(013) 932 6283	(013) 932 4091	Sarah - 082 7882981 Amanda - 082 929 1877	mayer@kunwini.mu.co.za	NA	Provision of PHC, HIV/AIDS and infectious diseases services	√	√	√	√	Refer: Cullinan ART; Mamelodi hospital; Pretoria Academic hospital; and St Josephs	√	√	Refer to St. Josephs at Sizanani	Different figures provided for HIV/AIDS related services, then amended - not clear: Bspruit - 40 (14) Zithobeni - 150 (45) Rethabiseng - 80 (42) Kenana - 60 (29) Sokhulum - 30 (4)	Orphanage for surrounding areas; training for lay counsellors; office space; continuous development (learning & best practices) for nursing staff; consulting rooms; Social workers	FT 20 dr. Karim (PT)	3 Lay counsellors; 1 Que marshal; 1 DOT supporter	More than 5 yrs
BRONKHORSTSPRUIT PRIVATE HOSPITAL (Netcare)	Barry Herwitz Singel, Bronkhorspruit	PO Box 2288, Bronkhorspruit, 1020	Private Hospital - NOTE: assigned number of beds allocated for government (public) patients Patient treatment differentiated for this purpose (ARVs, TB)	Nursing sister responsible for HIV/AIDS related matters: Sr. Judy van den Berg Sr. Babara Potgieter	(013) 932 7000	(013) 932 8860	Judy - 082 9425000	judyv@bronknetcare.co.za	NA	Comprehensive health services multi-disciplinary approach to access health services and information	√	√	√	√ + STIs x - TB - Refer to public health institutions	Refer to St. Josephs at Sizanani - private hospitals do not have access to ARVs for public	Clinic awareness campaigns	x	Refer to St. Josephs at Sizanani	Public patients - 180 p m Private patients - 20 p m	Awareness campaigns to accept responsibility of community health; putting policies into practice w.r.t HIV/AIDS	FT 50	16 doctors Agency nursing staff	More than 5 yrs
BRONKHORSTSPRUIT YOUTH AGAINST AIDS (BYAA)	2237 Mothibe drive MPCC Offices Zithobeni	PO Box 82 Zithobeni, 1024	NGO	Chairperson: Sydney Mahlangu Treasurer: Enther Shabangu	(013) 937 0284	NA	084 7898948 072 2488736	NA	NA	Awareness campaigns, Life skills (teenage behaviour, sex education, women & children abuse), distribution of condoms	√	√	√	Refer to clinics	Refer to clinics	Food parcels provided by Buddhist temple	Refer to Sizolwet ho	Refer to CMR	Condoms - 2000 p m Orphans - 8 p m Counselling - 20 p m Refer treatment - 10 p m	Transport and funding due to fact that patients from rural areas; Accommodation for orphans; Sponsorship for orphans' meals	7	15	More than 5 yrs

NAME	PHYSICAL ADDRESS	POSTAL ADDRESS	TYPE OF ORGANISATION	CONTACT NAME	TELEPHONE	FAX	MOBILE	EMAIL	WEB SITE	DESCRIPTION OF SERVICES	CATEGORIES OF SERVICES OFFERED										NUMBER OF PEOPLE ACCESSING SERVICES PER MONTH	MOST CRITICAL NEEDS EXPERIENCED	CURRENT HR CAPACITY		OPERATIONAL PERIOD
											Prevention - Education	Prevention - Condoms	Diagnosis (D) + VCT+ Counselling (C)	Treatment - TB + STI + OI	Treatment - ARVs	Nutrition	Care & Support	Orphan care	Full time FT	Volunteers					
CHRISTELKE MAATSKAPPLIKE RAAD (CMR)	Cullinan Magistrates Court, Cullinan	PO Box 587, Cullinan, 1000	NGO	Social worker: Sandra Gunter Social worker: Precy Makgane	(012) 734 1156 / 2050	(012) 734 1156 / 2050	Sandra - 076 1562451 Precy - 072 0420997	cmrcullinan@telkomsa.net	NA	Provision of emotional, practical, material and spiritual support	x	x	√	x	x	√	√	√	80 persons with direct and indirect links to HIV/AIDS	* one-stop* S support Centre i.t.o coordination, link between community+ S social workers; Hospice; Childrens home; community workers that focus on continuous preventative programmes	2 (FT)	30	More than 5 yrs		
CULLINAN ART CLINIC (GPG)	Cullinan Care and Rehab, Zonderwater street, Cullinan, 1000	Cullinan Care and Rehab, Zonderwater street, Cullinan, 1000	Public - Gauteng Provincial Government	Project Manager: Shirley Borens	(012) 734 7140	(012) 734 7140	082 4557967	NA	NA	Provision of comprehensive HIV/AIDS services and treatment	√	√	√	√	√	√	√	Refer to St. Josephs at Sizanani	285 (April 2007)	HR capacity: Social worker, doctor, admin services (messaging, switchboard operator), health promoter, dietician, pharmacy assistant Office equipment, e.g computers, access to Internet	FT 5 (GPG) FT 4 (FPD)	3	Less than 1 year		
CULLINAN HOSPITAL GROUP PRACTICE (Was Cullinan Private Hospital)	No 1 Hopsital Road, Cullinan, 1000	PO Box 67, Cullinan, 1000	Private Hospital	Nursing Service Manager: Joyce Ndlovu Hospital Manager: Daleen Munroe	(012) 305 2382 012) 305 2581	(012) 734 1908	Joyce - 072 5245655 Daleen - 072 4032474	NA	NA	Comprehensive health services and HIV management	√	√	√	√	√ - AFA programme - Cape Town based	x	Sponsorship of Masibambane HBC	Sponsorship of different NGOs	HIV/AIDS Treatment - 30 TB - 1 Testing - 15 Counselling - 15	HR capacity to coordinate, control and manage treatment of HIV patients on the current deBeers mine premises - current capacity incorporates these tasks with all other responsibilities.	FT 8 PT 11 (doctors)	NA	More than 5 years		
DE WAGENDRIFT PHC CLINIC (Satellite of Refilwe PHC clinic)	Plot 75, De Wagendrift	Care of Refilwe PHC clinic	Public - Gauteng Provincial Government	Chief Professional Nurse: Juliet Makena	(012) 732 085	NA	082 9412069	NA	NA	Primary Health Care - Tuesdays + Thursdays ONLY	√	√	√	√	Refer to Cullinan ART clinic	√	x	Refer to St. Josephs at Sizanani	12	HR capacity especially Professional nurses; office equipment (computer, fax, etc)	2 FT	1 lay counselor	More than 5 years		
DANONE RECREATIONAL GROUP - SOCCER YOUTH	1323 Intutuko street, REFILWE, 1003	1323 Intutuko street, REFILWE, 1003	NGO - not registered	Thandi Matlala	NA	NA	082 5413471	NA	NA	Personal commitment and involvement to provide youth in local area with food and soccer as a means of avoiding the street life	x	x	x	x	x	x	√	x	(35 youths 3x per week) 415 p.m 10 adults at irregular periods	Food, clothing, soccer equipment, recreational equipment, 1st Aid kit, accommodation for children	1 FT	3	3 yrs		
DE BEERS CULLINAN DIAMOND MINE - (HR Support & Community Development)	Oak Avenue, Cullinan, Human Resources building	Private Bag x 1015, Cullinan, 1000	Private - de Beers Mining	HR Superintendent Community Development: Thabo Manne	(012) 305 2694	(012) 305 2661	083 2629326	NA	NA	Provide sponsorship and other support RE. HIV/AIDS to: (i) employees and their families; and (ii) to the broader community.	√	√	√	√	√ - AFA - DART programme	Support communities	Refer to Masibambane	Refer to St. Josephs at Sizanani	30 p.m	Coordination and training: (i) Managing and running the business (projects); (ii) Poverty alleviation; and (iii) Life skills	1 FT 1 PT		More than 5 years		
DR. G. C BREYTENBACH (shares premises with dr. Kriek)	Suid street 9, Cullinan, 1000	PO Box 312, Cullinan, 1000	Private practice	dr. G.C Breytenbach	(012) 734 0123 / 0191	(012) 734 2093		NA	NA	Private practice - General Practitioner + works with de Beers HIV/AIDS programme (AFA)	x	x	√	√	√ - de Beers ART programme	Refer to private dietician	Refer Sun Gardens hospice	Children - Kalafong HIV/AIDS unit	25 p.m	Children not currently part of AHT programme, orphan care, hospice	5 FT		More than 5 years		
DR. N. P.J KRIEK (shares premises with dr. Breytenbach)	Suid street 9, Cullinan, 1000	PO Box 105, Cullinan, 1000	Private practice	dr. NPJ Kriek	(012) 734 0123 / 0191	(012) 734 2093		NA	NA	Private practice - General Practitioner + works with de Beers HIV/AIDS programme (AFA)	x	x	√	√	√ - de Beers ART programme	Refer to private dietician	Refer Sun Gardens hospice	Children - Kalafong HIV/AIDS unit	25 p.m	Children not currently part of AHT programme, orphan care, hospice	5 FT		More than 5 years		
DR. M. KARIM	31 Landham street, Bronkhorstspuit	PO Box 382, Bronkhorstspuit, 1020	Private practice	dr. M. Karim	(013) 932 0421	(013) 932 0421	082 2631267	NA	NA	Private practice + session work at Bronkhorstspuit PHC + Bronkhorstspuit private hospital	√	√	√	√ - STI/OI TB - Refer to St Josephs	Refer to St Josephs	√	x	Refer to Social worker - Dept Welfare	300 p.m	Counselors to address awareness and testing	2 FT		More than 5 years		

NAME	PHYSICAL ADDRESS	POSTAL ADDRESS	TYPE OF ORGANISATION	CONTACT NAME	TELEPHONE	FAX	MOBILE	EMAIL	WEB SITE	DESCRIPTION OF SERVICES	CATEGORIES OF SERVICES OFFERED								NUMBER OF PEOPLE ACCESSING SERVICES PER MONTH	MOST CRITICAL NEEDS EXPERIENCED	CURRENT HR CAPACITY		OPERATIONAL PERIOD
											Prevention - Education	Prevention - Condoms	Diagnosis (D) + VCT+ Counselling (C)	Treatment - TB + STI + OI	Treatment - ARVs	Nutrition	Care & Support	Orphan care			Full time FT	Part time PT	
DR. N. M KGOPONG (on the premises of Cullinan ART clinic)	Cullinan Care and Rehab, Zonderwater street, Cullinan, 1000	Cullinan Care and Rehab, Zonderwater street, Cullinan, 1000	Public - Gauteng Provincial Government	dr. NM Kgoopong	(012) 734 7140	(012) 734 7140	082 5330565	NA		Provision of comprehensive HIV/AIDS services and treatment	√	√	√	√	√	√	Refer to Matswedding Social	Refer to Matswedding Social worker	300 p m	Hospice, promoting VCT, Dietician, 5 social workers = "one stop shop"	1 FT 1 Session doctor		Less than 1 year
DR. S. M LUKHOSI	1541 Rumo Drive, Refilwe, 1003	PO Box 74729, Lynwood Ridge, 0040	Private practice	dr. SM Lukhosi	(012) 7320938	(012) 7320938	082 2588872	meccado@saharapline.co.za	NA	Private practice - General Practitioner	√	√	√	√	x	x	x	15 on ARVs	Hospice, Rapid test kits for private providers	3 FT	NA	1 to 5 years	
DR. B. B MOLOTO (on the premises of Refilwe and other clinics)	1165 Masina drive, REFILWE, 1003	1165 Masina drive, Refilwe, 1003	Public - Gauteng Provincial Government	dr. B B Moloto	(012) 732 0671	(012) 548 7118 PRIVATE fax	072 4085590	business@refilwe.co.za	NA	Counsellors (professional trained counsellors, Social workers; lay counsellor-updated training; Hospice	√	√	√	√	√	√	Refer to Cullinan ART clinic	Refer to St. Josephs at Sizanani	75	Awareness, encourage VCT and comprehensive ART/HIV treatment	Refer to data captured for Refilwe clinic		1 to 5 years
EMERGENCY MEDICAL SERVICES (EMS)	Cullinan Rehab Centre premises	NA	Public - Provincial ambulance services	Admin clerk: Shirley Nkotoe	(012) 734 0005	NA	NA	NA	NA	Transport of patients - HIV/AIDS related and general ambulance services	x	x	x	x	Basic treatment during transport	x	x	20 p m	HBC centre for HIV/AIDS patients	32		3 yrs	
EKANGALA & DARK CITY PHC CLINIC	1107 SECTION F, DARK CITY	PO Box 759, Bronkhorstspuit, 1020	Public - Gauteng Provincial Government	Sr. JAE Nconco	(013) 9357027	NA	076 9233581	NA	NA	Primary Health Care Centres	√	√	√	√	√	√	x	4712 for all services combined	ARTs, transport for patients, hospice	FT 34	5	More than 5 years	
FOLA SUPPORT GROUP	3015 25th street, Refilwe, 1000	PO Box 103, Cullinan, 1000	Not registered yet	Mr Mashilo Letshoene	NA	NA	078 2709681	NA	NA	Support group for People Living With AIDS (PWA) - Mashilo positive role model, aims to encourage VCT and disclosing status	√	√	√	x	x	x	x	30 p m	Hospice, motivating people to disclose their status	1 FT	5	1 to 5 years	
GAUTENG PROVINCIAL GOVERNMENT - Metsweding District Council PHC	Karel Schoeman building, 179A Skinner street, Pretoria	Karel Schoeman building, 179A Skinner street, Pretoria	Provincial government	Susan Kgobe Julia Aphane	(012) 303 9013/9146		Susan - 082 7816985 Julia - 082 5550513	NA	NA	Provincial government sphere	√	√	x	x	x	x	x	Collective for area covered by all participants - 11205	Roll-out of ART in Kungwini area (Zithobeni and Dark City)	No info provided		1-5 years	
HIV/AIDS CO-ORDINATOR: NOKENG (Mumsi Fourie)	Plot 91, Elandshoek, Rayton	PO Box 1283, Rayton, 1001	Public sector - Local Government	HIV/AIDS coordinator - Nokeng; Mumsi Fourie Environmental Officer:	(012) 734 4274	(012) 734 5832	Mumsi - 082 5104777 Pamela - 082 5683830	NA	NA	Identify the needs of the local communities RE. HIV/AIDS and communicate these needs to the relevant government structures	√	√	Refer to different clinics	Refer to different clinics	Refer to different clinics	Awareness & information only	Refer to Social worker - CMR	30 p m	HR capacity: Trained Home-based caregivers; Food parcels; Funding; transport for patients	1 FT		1-5 years	
KEKANE GARDENS + PLOT 175 (Mobile clinic)	Stand 1078, Kekana Gardens, Hammanskraal, 0400	Stand 1078, Kekana Gardens, Hammanskraal, 0400	Public - Gauteng Provincial Government	Facility Manager: Sr. Sophie Lerumo Sr. M Maloi	(012) 711 3167	(012) 711 3167	Sophie - 082 2091855 083 6705467	NA	NA	Primary Health Care clinic - Mobile clinic Promoting basic health services and comprehensive HIV/AIDS services	√	√	√	√	√	√	Refer to Jubilee Hospital (Tshwane district)	Refer to the Social Worker (Jubilee Hospital - Tshwane district)	270 p m	HR capacity: Health Promoters to create awareness & education; more lay counsellors	11 FT	3	Less than 1 year
MASIBAMBANE HOME BASED CARE	1666 Lesego street, Refilwe	PO BOX 782 Cullinan, 1000	NGO	Project Manager: Ruth Mashego Vice-chair: Onica Macheke	NA	NA	Ruth - 072 2278349 Onica - 076 1529877	NA	NA	Taking care of terminally sick persons, counselling infected and affected individuals and educating community on related illnesses	√	√	x	x	x	x	x	60 persons per day, cared for in their own homes	Hospice with accommodation, food for patients, computer equipment, seeds for food garden, trained lay counsellors	FT 24	20	6 yrs (since 2001)	
NORTH GAUTENG MENTAL HEALTH	716 Frey Street, Waverly, Pretoria	PO Box 31217, Totiusdal, 0136	NGO	Social Worker: Calvina Mashamate	NA	NA	082 8860019 / 072 7124694	NA	NA	Provision of social work services related to HIV/AIDS	x	√	√	√	x	x	√	30 per 3 months	Orphanages, food for the ill and their families, office space	FT 2	12	1-5 years	
ONVERWACHT PHC CLINIC (Satellite of Refilwe PHC clinic)	Plot 84, Onverwacht	Care of Refilwe PHC clinic	Public - Gauteng Provincial Government	Chief Professional Nurse: Juliet Makena	(012) 732 085	NA	082 9412069	NA	NA	Primary Health Care - Mondays + Wednesdays ONLY	√	√	√	√	√	√	Refer to Cullinan ART clinic	Refer to St. Josephs at Sizanani	8	HR capacity especially professional nurses; office equipment (computer, fax, etc)	FT 2		More than 5 yrs

NAME	PHYSICAL ADDRESS	POSTAL ADDRESS	TYPE OF ORGANISATION	CONTACT NAME	TELEPHONE	FAX	MOBILE	EMAIL	WEB SITE	DESCRIPTION OF SERVICES	CATEGORIES OF SERVICES OFFERED								NUMBER OF PEOPLE ACCESSING SERVICES PER MONTH	MOST CRITICAL NEEDS EXPERIENCED	CURRENT HR CAPACITY		OPERATIONAL PERIOD	
											Prevention - Education	Prevention - Condoms	Diagnosis (D) + VCT+ Counselling (C)	Treatment - TB + STI + OI	Treatment - ARVs	Nutrition	Care & Support	Orphan care			Full time FT	Volunteers		
RAYTON PHC CLINIC	Corner of MONTROSE & OAKLY streets, Rayton	PO Box 2204, Rayton, 1001	Public - Gauteng Provincial Government	Facility Manager: Sr. Thandi Lerumo	(012) 734 4274	(012) 734 5832	082 992 0330	NA	NA	Primary Health Care clinic	√	√	√	√	Refer to Cullinan ART clinic	Dietician available 1x month	x	Refer to St. Josephs at	300	Transport for patients in the area; Social Worker; hospice	8 FT 4 PT		More than 5 yrs	
REFILWE ORPHAN CARE	1768 Zwane street, Tshepong Multi-purpose centre, REFILWE, Cullinan	PO Box 535 Refilwe, 1000	NGO - not registered yet	Chairperson: Mrs Jane Nkumbula Founder & Project Manager:	NA	NA	Jane - 082 6883834 Avelyn - 076 8667988	NA	NA	Provide 1 meal and afternoon care for 3 groups of children: Orphans + vulnerable + non-centre children	x	x	x	x	x	√	√	√	110 children afternoon meal at centre 20 visited at home (non-centre) children	Food Kitchen equipment /cutlery/crockery Recreational equipment for use of children	NA	7	Previously part of Noah's Ark	
REFILWE PHC CLINIC	1165 Masina drive, REFILWE, 1003	1165 Masina drive, Refilwe, 1003	Public - Gauteng Provincial Government	Facility Manager: Sr Sarah Shoba Healte promoter/adviser.	(012) 732 0671	(012) 732 1692	Stephina - 072 3462405 Sarah - 082 7396490	NA	NA	Primary Health Care Centre	√	√	√	√	√	√	√	Refer to St. Josephs at Sizanani	50	Food parcels, hospice, training for lay counsellors (project leaders), transport for ill patients	FT 20 PT 2	25	More than 5 yrs	
SIZOLWETHO HOME BASED CARE	447 Mabena street, Zithobeni, 1024	PO Box 360, Bronkhorstspuit, 1024	NGO - Registered (2002)	Chairperson: Valentine Mahlangu Finance Manager: Jane Maisela	(013) 9370145	(013) 9370284 (Fax of Bronkhorstspuit Youth Against Aids)	Valentine - 0825076708 Jane - 0723600536	NA	NA	Taking care of patients that are bed-ridden; counselling & support to their families of patients, help to obtain foster care (family or orphanage); ensure that patients take their medication at the	√	√	√	Centre-based	Refer to clinic	Refer to St Josephs/ Pretoria Academic/ Cullinan ART clinic	√	√	x	384	Buildings - Hospice with accommodation for patients + office space + rooms for counselling; Medication (ART/TB) provided closer to patients	FT 20	9	More than 5 yrs
SOCIAL WORKER - REFLWE (on the premises of Refilwe PHC CLINIC)	1165 Masina drive, REFILWE, 1003	1165 Masina drive, REFILWE, 1003	Public - Gauteng Provincial Government	Social Worker: Olga Mathye Speech therapist: Thembi Mahlathi	Olga - (012) 732 0534 Thembi - (012) 732 0534	(012) 732 1692	Olga - 083 2489275 Thembi - 083 744 9820	NA	NA	Support and care to PLWA (emotionally, physically); Provide re-hab and promote joining of therapeutic groups; Attend to trauma cases in conjunction with psychologist; Poverty alleviation projects to generate income; Link clients with available resources;	√	√	√	x - D Refer to PHC clinics - VCT √ - C	Refer to HC clinics	Refer to HC clinics	x	√	√	44 p m = 28 Refilwe PHC clinic 16 Bronkhorstspuit area (Zithobeni, Rethabiseng; Bronkhorstspuit clinics)	HR capacity - Social workers VERY limited in the area + trained counsellors (lay or professional); Lack of actual awareness of the community; Food parcels for patients and affected families	1 FT		More than 5 yrs
ST. JOSEPHS CARE & SUPPORT TRUST at Sizanani Village	Sizanani Village Plot59/60, Groblersdal Road Bronkhorstspuit, 1020	PO Box 2016 Bronkhorstspuit, 1020	NGO	Health Services Manager: Angie Make Director: Elizabeth Schulling		(013) 932 6651	Elizabeth - 0826861888 Angie - 0847986933	healthservices@stjosephcare.org eschullin@stjosephcare.org.za	NA	To mitigate the impact of HIV/AIDS through and integrated and developmental programme in the Metsweding district and surrounding areas	√	√	√	√	√	√	√	√	HBC - 600 VCT - 50 HIV Care - 3 500 ART - 750 Hospice - 40 Drop-in - 763	Food parcels for community HR capacity - trained Child Care workers + HBC counsellors Transport - terrain-	FT 52 PT 50	3	More than 5 yrs	
TENDER LOVING CARE (TLC)	Kekana Gardens (Schurlek)	Private - 187 Curie street, Renstow	NGO	Founder: Johanna Mokubane Secretary/ Treasurer: Nicky Ditsego	NA	NA	Johanna - 073 8495 Nicky - 083 9223980	NA	NA	Old age home and Hospice services	√	x	x	Refer to PHC clinics	Refer to PHC clinics	√	√	√	23 p m	Electricity and water; Curtains, beds, linen, etc. Gas cooking equipment, pots and pans, kitchen equipment Food		8	1-5 years Since 2003	
TSHEPONG CENTRE FOR THE DISABLED	1768 Zwane street, Tshepong Multi-purpose centre, REFILWE, Cullinan	PO Box 535 REFILWE 1003	NGO - Registered (2001)	Manager: Mr William Kgabo	(012) 732 1013	(012) 732 1013	082 5404150	tsepongcentre@ahs@gmail.co.za	NA	Educational stimulation of children with intellectual disabilities	√	x	x	x	x	x	√	x	30 children, 10 for nutrition and support	Social worker	FT 5	1	5 yrs (since 2002)	
THUSANANG AGAINST HIV/AIDS	1408 Block F, Kekana Gardens	PO Box 2702, Renstow, 0400	NGO	Chairperson: Maria Hlongwane Additional member: Zippora Lebelo	NA	NA	Maria - 072 533 4680 Zippora - 073 6056947	NA	NA	HIV/AIDS awareness in the community - campaigns an outreach programmes	√	√	√	√	Refer to Kekana Garden PHC clinic	x	x	√	350 p m	Transport to reach patients; office building (corrugated iron shack currently - no electricity, roof leaks, etc); office equipment (e.g telephone and fax); food parcels	FT 7 - NO payment currently	3	1-5 years	

Service providers - identified, information obtained from interviewees:																			
- Limited verification of information took place by HJ																			
- In certain cases attempts to interviews were made, yet due to issues such as National AIDS conferenc Durban + national public service strike + illness not possible within project timeframes.																			
- Large portion of institutions identified obtained on last day of "seek'n find" pase of the project																			
- Listed for potential of future relevance value.																			
AIDS Coordinator	Gerda Nel																		
AIDS Council - Metsweding	HIV coordinator - Metsweding: Mrs. Ntebogeng Noge HIV coordinator - Kungweni: Moses Lekoadu HIV coordinator - Nokeng: Komotso																		
AIDS Regional Council	Jacky Koka																		
ANC member	Anna Mogale - dr. Engebrecht reference																		
Council of Churches	Philip Trou - Mrs. M Fourie reference																		
Department of Correctional Services - Zonderwater	No contact detail - identified by Social Worker (Olga Mathye)																		
IDP Manager: Nokeng	Amos Melijya - Rayton Municipal offices																		
Kakana Gardens Empowerment Project	No contact person identified - Mrs. M Fourie reference																		
Local Councillor:	Faith																		
Love Life youth training programme	No contact person identified - Mrs. M Fourie reference																		
Paul Jung Nickel	Sr. Jostina																		
Pfanani Multi-project	No contact person identified - Mrs. M																		
Sanco Community Project	No contact person identified - Mrs. M																		
Sun Gardens Hospice	Social Worker: Ceciel Kriek - dr. Engebrecht reference																		
Traditional Healers - Refilwe area:	Mr. W Madisha - Mrs M. Fourie reference Sr Stephina (Refilwe PHC clinic) has contact with the group, a meeting was																		
Vukuzenzela Gardening Project	No contact person identified																		