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**REPORT:
MAPPING OF HIV AND AIDS SERVICE
PROVIDERS IN THE MUNICIPALITIES OF
GAUTENG PROVINCE**

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Executive summary

Introduction

National and international role players in the health community agree that the current prevalence of HIV and AIDS in South Africa requires a significant amount of resources to be focused on addressing the needs of all people infected and affected by the HIV and AIDS epidemic in Southern Africa

The latest UNAIDS/WHO publication on the AIDS epidemic states:

South Africa is the country with the largest number of HIV infections in the world. (AIDS Epidemic Update 2007, November 2007: 16)

The HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 (NSP) published by the National Department of Health (NDoH), guides and informs the planned national response to the fight against the HIV and AIDS epidemic in South Africa. The two primary aims of the NSP are:

- To reduce the rate of new HIV infections by 50% by 2011 ; and
- **To reduce the impact of HIV and AIDS** on individuals, families, communities and society **by expanding access to appropriate treatment, care and support to 80% of all HIV positive people and their families by 2011.** (HIV/AIDS and STI Strategic Plan for South Africa 2007-2011, April 2007:10)

Gauteng is not only the economic hub of the South African economy; it is also the most densely populated province which implies the need for a wide variety of both public and private interventions to adequately address the HIV and AIDS needs of the different communities in the province.

Project background

The NSP listed various factors that impact on the variable growth of the epidemic in the different geographical areas of the country. Due to the variable growth of the epidemic it became necessary to determine the different service needs of each municipality and to assess the current level of service provision in the municipality. This project was conducted in partnership with *Right to Care* in an attempt to provide relevant data on the service needs and current levels of HIV and AIDS service provision in Gauteng at a municipal level.

Primary objectives of this mapping project were to:

- Identify and map service providers in the different districts of the Gauteng province;
- Collect the relevant contact and service information of specific service providers; and

- Compile a report describing the current level of HIV and AIDS service provision in the Gauteng province which identifies gaps in service delivery for the different geographical areas.

Project design

The limited time in which the project was to be completed was one of the challenges faced. It was therefore decided to utilise existing data from *HIV 911* as the core database upon which the project team then sourced and added the data obtained from the newly identified service providers in the Gauteng province.

The standard questionnaire utilised was intended to be descriptive in nature for the sole purpose of obtaining comparable information related to the provision of HIV and AIDS services. Information captured was obtained by means of telephonic interviews with contact persons of the relevant service provider.

The report on the Gauteng mapping project is based on:

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

Demarcating the project area

Despite being the smallest of the nine provinces in South Africa; Gauteng is the most densely populated province with approximately 10, 5 million of the country's 48, 5 million population living in the province.

Various socio-economic conditions and trends impact on the health needs of the province's population for example:

- The size of the population;
- Gauteng is one of the two provinces who appear to be the major recipients of migrants from other provinces;
- Rapid urbanisation that results in the growth of informal settlements where inadequate infrastructure leads to the development of unfavourable health conditions;
- The majority of the population in the province is dependent on the public hospital system; and
- The number of persons who do not have medical insurance has increased.

Data was captured within **the six municipalities of Gauteng:**

- City of Johannesburg Metropolitan Municipality
- City of Tshwane Metropolitan Municipality
- Ekurhuleni Metropolitan Municipality
- Metsweding District Municipality
- Sedibeng District Municipality
- West Rand District Municipality

General findings of HIV and AIDS service providers mapped in Gauteng

Data captured for Gauteng province indicated:

- NGOs generally provide the most services in Gauteng with their contributions being extremely high in the metropolitan municipalities of Johannesburg (181); Tshwane (167) and Ekurhuleni (61).
- Substantial contributions from all sectors were evident in Johannesburg and Tshwane districts, whilst the other districts did not provide similar evidence.
- The public sector contribution is substantially larger in Tshwane (154) than that found in the other districts.
- The lack of services in Sedibeng and West Rand, the two districts with the highest prevalence rates gives rise to concern.
- Ekurhuleni with the second highest population requires more HIV and AIDS service providers to be operational.

Epidemiological estimates for Gauteng were calculated based on the assumption that the population is 10 451 713 and that the prevalence rate for the total population is 14.67%.

Based on the above, it is estimated that:

- 1 533 266 **HIV positive individuals** are found in Gauteng
- 720 635 of these individuals are in **need of Antiretroviral treatment**
- 59 851 mothers are in need of **Prevention of Mother To Child Transmission treatment**
- 243 785 **maternal orphans** are affected by the AIDS epidemic and are in need of care
- The **ratio of people to VCT service providers** is 38 145:1. The data suggests that this ratio needs to decrease in order to decrease the prevalence rate.

Conclusion

The NSP confirmed the fact that South Africa needs to intensify the focus of addressing HIV and AIDS service delivery by means of an intensified comprehensive, multi-sectoral national response that should:

- Address the social and economic realities that make certain segments of society most vulnerable;
- Provide tools for prevention of infection; and
- Provide services designed to mitigate the wide-ranging impacts of the epidemic. (HIV/AIDS and STI Strategic Plan for South Africa 2007-2011, April 2007:19)

The data captured during this rapid assessment provides both information and insight into critical factors that impact on the planning, execution, monitoring and evaluation of HIV and AIDS service delivery in all municipal districts of the province.

This information obtained has utilisation value for a multitude of purposes that will potentially lead to ensuring a coordinated effort in addressing HIV and AIDS related needs in the Gauteng province

1. Introduction

The HIV and AIDS epidemic is considered to be one of the most critical challenges that the world faces today. The *AIDS Epidemic Update 2007* provides an overview of the current HIV and AIDS epidemic globally:

Every day, over 6800 persons become infected with HIV and over 5700 persons die from AIDS, mostly because of inadequate access to HIV prevention and treatment services. (AIDS Epidemic Update 2007, UNAIDS/WHO, November 2007: 4)

This report indicates that despite the efforts of all sectors there is still a need for a significant amount of resources to be focused on addressing the needs of all people infected and affected by the HIV and AIDS epidemic in Southern Africa:

Southern Africa alone accounted for almost one third (32%) of all new HIV infections and AIDS deaths globally in 2007. (AIDS Epidemic Update 2007, UNAIDS/WHO, November 2007: 8)

The National Department of Health (NDoH) has developed a comprehensive policy that outlines the intended response and direction of national government to the fight against the HIV and AIDS pandemic in South Africa. This policy was published as the *HIV & AIDS and STI Strategic Plan for South Africa 2007-2011*(NSP).

The policy flows from the *National Strategic Plan of 2000-2005*, the *Operational Plan for Comprehensive HIV and AIDS Care, Management, and Treatment* (CCMT) as well as other HIV and AIDS strategic frameworks developed for government and sectors of civil society in the past five years. It represents the country's multi-sectoral response to the challenge with HIV infection and the wide-ranging impacts of AIDS.

The primary aims of the NSP are to:

- (i) Reduce the rate of new HIV infections by 50% by 2011 ; and
- (ii) Reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all HIV positive people and their families by 2011. (HIV/AIDS and STI Strategic Plan for South Africa 2007-2011, April 2007:10)

The interventions needed to reach the NSP's goals are structured under four key priority areas:

- Prevention;
- Treatment, care and support;
- Research, monitoring, and surveillance; and
- Human rights and access to justice.

It is imperative that this plan is implemented in an effective and coordinated manner to ensure that role players in both civil and government spheres address communities health needs as per their different roles and spheres of influence.

Since Gauteng is the most populated province in the country, it may be deduced that this province would require a multitude of public and private interventions, involving a wide variety of role players to address the HIV and AIDS needs of its vast population.

The focus of this mapping exercise was therefore to source and identify HIV and AIDS service providers that are operational in the Gauteng province. The aim of this exercise was to identify gaps and overlaps in service provision which would be addressed to provide a more comprehensive cover in the province.

2. Project background

2.1. Accounting for the variable growth patterns of HIV and AIDS in South Africa

According to the NSP, the reasons for the variable growth of the epidemic are not clear and a combination of factors is attributed to the variation.

Some of the factors listed include:

- The degree of urbanisation in the different geographical regions;
- Sexual risk behaviours and networks;
- Population demographics;
- Unemployment;
- Social deprivation;
- Migration;
- High population density; and
- Unemployment and unstable communities. (HIV/AIDS and STI Strategic Plan for South Africa 2007-2011, April 2007:27)

Geographic variations occur with regard to all aspects pertaining to the HIV and AIDS epidemic. Some provinces are more severely affected than others, yet all provinces exhibit unique and far-reaching challenges caused by these differentiating factors.

Planning has to take into account the geographic variation which is accomplished by understanding:

- The specific challenges experienced by each area;
- The needs of the relevant communities; and
- The various role players in the designated area.

The national multi-sectoral response to HIV and AIDS is managed and executed by a wide variety of role-players ranging from organised structures such as the different levels in government (national; provincial; and local) and non-governmental sectors to an increasing number of organisations that do not operate in a structured manner, yet attempt to address an HIV and AIDS need of a specific community.

Taking the above into consideration, role players need to understand and appreciate the role of the less structured service providers in a geographical area.

In a report on community involvement in HIV and AIDS interventions, the Health Systems Trust states:

NGOs have a key role to play in assisting communities to identify their strengths and available resources as well as areas of need.

Transparent and credible mechanisms such as forums for dialogue and

discussion between communities and other stakeholders must be created at local level. Finally, successful models of community involvement must be disseminated and popularised. (District Health Barometer 2005/6, 2006, chap.6: 96)

2.2. The need to map the provision of HIV and AIDS service providers in the Gauteng Province

Despite the good intentions of national policies and plans, an inadequate measure of coordination exists amongst various role players in both the public and civil sectors. Insufficient capacity and resources in many instances further exacerbates the current lack of a coordinated response.

The need to analyse the epidemiological needs of communities in comparison to the provision of HIV services in a specific geographical area lead to the establishment of the **Compass Project** of the FPD.

The mapping of HIV and AIDS services provided in Gauteng was completed on behalf of the *Foundation for Professional Developments'* Compass Project in partnership with *Right to Care*. It followed in the mold of previous mapping projects which were conducted for the *Mpumalanga province, the City of Tshwane Metropolitan Municipality and the Metsweding District Municipality*.

The identified HIV and AIDS service providers were mapped in the pre-determined geographical area to provide information regarding:

- (i) The identity of operational organisations; and
- (ii) The primary focus of the organisation and types of services provided.

Information obtained may be utilised by different role players for a wide variety of purposes that collectively aim to achieve a coordinated and effective response to the HIV and AIDS pandemic in South Africa.

2.3. Project objectives

The objectives of the project were to:

- i. Identify and map service providers in the different districts of the Gauteng province;
- ii. Collect the relevant contact and service information of specific service providers; and
- iii. Compile a report describing the current level of HIV and AIDS service provision in the Gauteng province which identifies gaps in service delivery for the different geographical areas

2.4. Approach followed

From the onset it was clear that one of the challenges facing this project would be the need to optimise the available time limitations. For this purpose it was decided to utilise existing data made available by one of the FPD partners, *HIV 911* as the foundation from which additional service providers would be sourced and mapped.

One of the core deliverables of *HIV 911* is the compilation of a data base of HIV and AIDS service providers in different geographical regions. The data base was divided into the different districts and used as an initial contact base to identify HIV and AIDS service providers operational in the specified geographical areas.

A “value-adding” process was followed where service providers, other than those already identified by *HIV 911* were primarily sourced and mapped. This meant that service providers on the data base were contacted and asked to identify other service providers known to them in the relevant areas. These “newly identified” service providers were contacted to map their services.

The **primary focus of data collection for each service provider** was to determine:

- (i) The geographical location:
 - Physical address
 - Postal address
- (ii) Contact detail:
 - Names of specific individuals to be contacted for future references
 - Telephone (landline and mobile) and facsimile contact detail
 - Electronic mail address
- (iii) A description of their focus and of services offered.

2.5. Project design

Data integrity was paramount at all times and specific measures were taken to ensure this, thus:

- All service providers contacted and interviewed telephonically, were recorded for verification purposes;
- Individual service providers were allocated a unique reference number indicating:
 - The identity of the specific data capturer capturing the information;
 - The relevant district in which the service provider was operating;
 - and

- A unique number indicating the order in which they were mapped in the district.
- Information captured for each service provider was documented to ensure future monitoring and verification. Relevant detail included:
 - Physical address;
 - Postal addresses (when available);
 - Electronic mail and website (when available);
 - Identification of a specific contact person/s representing the organisation; and
 - Contact details of the above-identified person/s.

A standard questionnaire was used to ensure uniformity in the approach followed. Information obtained for each individual service provider was recorded twice:

- Once, on the physical questionnaire as captured by the specific data capturer (Annexure A: Questionnaire); and
- Secondly, in electronic format on an Excel spread sheet by the project coordinator that enabled a measure of quality assurance. Recorded data was then rechecked to remove duplicates and resolve data anomalies. (Annexure B: Service Providers mapped in Gauteng province August - September 2007)

On establishment of primary data for each service provider, the following **additional detail information was sought from telephone interviewees:**

- The number of Human Resources available to provide the services indicated as:
 - Full -time employees
 - Part-time employees
 - Volunteers
- Number of patients/clients accessing the services, indicated per:
 - Day
 - Week
 - Month
 - Year
- Language preference of patients/clients:
 - Afrikaans
 - English
 - Ndebele
 - Northern Sotho (Sepedi)
 - Seswati
 - Southern Sotho (Sesotho)
 - Tsonga

- Tswana
- Venda
- Xhosa
- Zulu
- Other
- Source of funding
- Most critical need experienced by the specific service provider
- Knowledge of other HIV and AIDS service providers known to them – this formed the basis for contacting a potentially “newly identified” service provider
- An indication of the specific services offered in the interviewees’ opinion, e. g:
 - Awareness
 - Children services
 - Condom distribution/promotion
 - Counselling
 - Education, training and development
 - Empowerment – economic
 - Government services
 - Care and support
 - HIV and AIDS advocacy
 - Home-based care
 - Housing for PLWA
 - Legal assistance
 - Nutrition support
 - Orphan and vulnerable children
 - Palliative and end of life counseling and care
 - Prevention of Mother-to-child-transmission
 - Primary Health Care Centre
 - Research
 - Rape/domestic violence victim support
- A indication of treatment services, e. g:
 - Anti-retroviral (ART)
 - Sexually Transmitted infections(STI)
 - Tuberculosis/DOTS (TB)
 - Voluntary Counseling and Testing (VCT)

2.6. Project methodology

2.6.1 Critical factors impacting on the methodology followed

The **two main factors** that impacted on the mapping of HIV and AIDS service providers in the Gauteng province were:

- (i) Limited availability and/or access to relevant contact data, and
- (ii) Gauteng is the most highly populated province in South Africa.

The combination of the **magnitude and the size of the communities involved**, the number of role players operational in the area and the restricted time frame to conduct this mapping project, lead to:

- A descriptive approach being followed and focused on identifying HIV and AIDS services that are currently provided to the different communities in their areas; and
- No attempt being made to analyse the effectiveness of HIV service delivery within the context of the epidemiological needs, or establish relations or causality.

An attempt was made to seek **representation of all the various levels and types of organisations found operative** in the Gauteng province during this rapid assessment approach.

2.6.2 Project phases

This mapping project was completed in the following phases:

- (i) Appointment of a project team and determining the work methodology:
 - Developed the project plan
 - Sourced and appoint project team members (data capturers)
 - Provided basic training relevant to the project (Objectives, district demarcation, the questionnaire)
 - Differentiation of *HIV 911* data base information per specific district
- (ii) Collection of relevant data of additional service providers:
 - Sourced potential additional service providers
 - Contacted certain HIV 911 and potential new service providers
 - Conducted telephonic interviews with identified service providers
 - Captured data per individual questionnaire /Recording relevant information and data
 - Conducted weekly progress meetings of project teams
- (iii) Capturing data per designated district electronically:
 - Collected data captured per individual data capturer
 - Captured data collected as per 6 districts
 - Recorded additional service providers to those in the original *HIV 911* data base
- (iv) Enabled GIS mapping - HSRC:
 - Summarised electronic data captured per six districts

- Submitted to HSRC for GIS mapping
- (v) Report on mapped HIV and AIDS service providers in Gauteng:
 - Calculated epidemiological estimates per districts
 - Compiled report
 - Presented findings to relevant role players

2.7. Challenges

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

2.7.1. Time limitation

- The time frame provided to conduct and complete this mapping exercise relevant to the size of most populated province was not suitable to ensure extensive sourcing of service providers.
- Sourcing data capturers within a relatively short period of time to conduct this mapping project.
- Ensuring sufficient levels of knowledge amongst data capturers regarding the project to enable capturing of valuable data
- The use of snowball sampling techniques were followed whereby identified service providers provided the data capturers with the contact details of new service providers – the more organisations contacted, the greater the possibility of sourcing even greater numbers of service providers in the designated area. Thus with more time, a greater number of service providers would be identified.

2.7.2. Insufficient access to data

- Repeated attempts made to identify the most suitable and relevant persons in the provincial and local government spheres to access related data failed for various reasons, e.g. not knowing who the correct contact persons should be, website information and project research often indicated that persons indicated had left or were incorrectly indicated as the suitable contact persons.
- No access to data for the different districts from official provincial sources
- Using data captured by another organisation (HIV 911) created its own challenges since the approach to the information sought, differed. Differentiation of the information per Gauteng district initially also posed problems.

2.7.3. Complexity experienced by service providers that operate within the three government spheres

- Overlaps amongst departments on one level (e. g National Departments of Health and that of Social Development), as well as

between two different levels (e. g provincial Primary Health Clinics (PHC) and other municipal clinics of local authorities)

- Service providers contacted in the provincial and local government spheres were often hesitant to participate for mainly two reasons:
- The need for “official permission” to be given by the relevant authorities; and
- Some providers referred to similar information being sought by other organisations which they felt was repetitive given their time constraints.

2.7.4. Limited availability of critical role players

- Establishing contact with the most suitable spokesperson for each of the identified service providers in terms of their availability (meetings, leave, other urgent priorities, etc.) was one of the biggest challenges experienced by the data capturers.
- Service providers often requested time to “study” the questions posed despite the urgency for information as explained by the data capturers. Certain providers did not submit their information in time to meet project deadlines.

3. HIV and AIDS in the South African context

The mapping project addresses the priority areas of prevention, treatment, care and support as highlighted in the *National Strategic Plan 2007 -2011 (NSP)*. The *2006 AIDS Epidemic Update* provided a situational analysis of the region which in turn provided some background for developing the NSP.

3.1. UNAIDS/ WHO 2007 AIDS Epidemic Update

The latest publication of this global report indicates that Sub-Saharan Africa remains the most seriously affected region, with AIDS remaining the leading cause of death there:

The estimated number of deaths due to AIDS was 2, 1 million worldwide, of which 76% occurred in sub-Saharan Africa. (AIDS Epidemic Update 2007, UNAIDS/WHO, November 2007: 6)

The *AIDS Epidemic Update 2007* which was released in November 2007 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.

According to this report:

- Sub-Saharan remains the most affected region in the global AIDS epidemic.
- More than two thirds (68%) of all people HIV-positive live in this region where more than three quarters (76%) of all AIDS deaths in 2007 occurred.
- It is estimated that that 1, 7 million people were newly infected with HIV in 2007, bringing to 22, 5 million the total number of people living with the virus.
- Unlike other regions, the majority of people living with HIV in sub-Saharan Africa (61%) are women. (AIDS Epidemic Update 2007, UNAIDS/WHO, November 2007: 15)

3.2. Population Estimates

3.2.1. Mid-year population estimates South Africa 2007

National census population estimates obtained from the midyear report released in July 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;
- 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;
- Life expectancy is estimated at 50 years;
- The report assumes a mother-to-child HIV transmission rate of 32% in the absence of HIV treatment programmes which decreases to 11% when there is a programme in place;
- The median time lapse from becoming HIV positive until death due to AIDS is estimated to be 10 years. (Midyear population estimates South Africa, 2007, Statistics South Africa)

3.2.2. Community Survey, 2007

In terms of population estimates and trends, the Community Survey reports the following key findings:

- The community survey estimates that the population has increased from 40, 5 million (40 583 573) in 1996, to 44, 8 million (44 819 778) in 2001 and to 48, 5 million (48 502 063) in 2007.
- The provinces with the *highest population size are Gauteng and KwaZulu-Natal* with a population of 10, 5 million (10 451 713) and 10, 3 million (10 259 230) respectively.
- *Western Cape and Gauteng have recorded substantial increases since 2001 (16, 7% and 13, 9% respectively).*
- The total fertility rate (observed) is estimated at 2, 5 births per woman; Crude Birth Rate at 21, 7 per 1000 population.
- The Crude Death Rate is estimated at 14, 3 per 1000 population.
- *Gauteng and Western Cape appear to be the major recipients of migrants from other provinces.* (Community Survey, 2007, Statistics South Africa)

3.3. National HIV and syphilis antenatal sero-prevalence survey in South Africa: 2007

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). This is at an estimated prevalence rate of 15.83. The *National HIV and syphilis antenatal sero-*

prevalence survey in South Africa 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 2007)

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:

- **Age distribution of participants in the survey:**

33,034 pregnant women participated in the antenatal survey

Table 1b: Antenatal survey participants for 2004 to 2006 by Age Group

Age	2004	%	2005	%	2006	%
< 20	3133	19.5	3334	20.2	6299	19.1
20 – 24	4992	31.1	5068	30.7	10478	31.7
25 – 29	3702	23.0	3906	23.7	7661	23.2
30 – 34	2510	15.6	2534	15.3	5018	15.2
35 – 39	1261	7.8	1246	7.5	2531	7.7
40 – 44	350	2.2	356	2.2	735	2.2
45+	37	0.2	52	0.3	95	0.3
Missing	79	0.5	14	0.08	217	0.7
Total	16064	100.0	16510	100.0	33034	100.0

Source: National HIV and syphilis antenatal sero-prevalence survey in South Africa: 2007

- **HIV prevalence trends:**

- **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

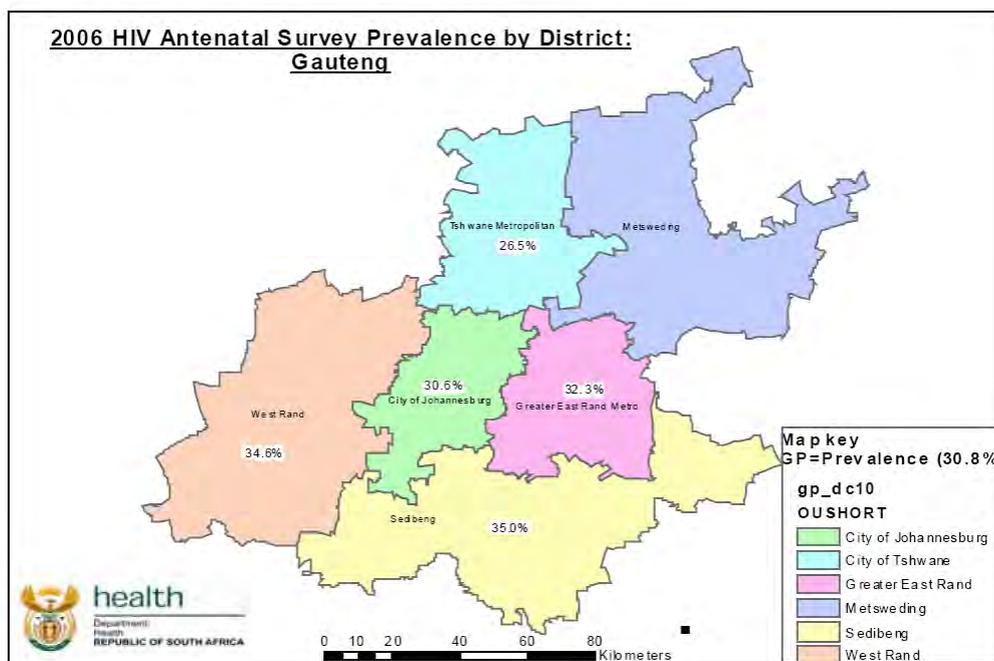
Source: National HIV and syphilis antenatal sero-prevalence survey in South Africa: 2007

- **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 (16.1%) to 2006 (13.7%), 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.
- 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.

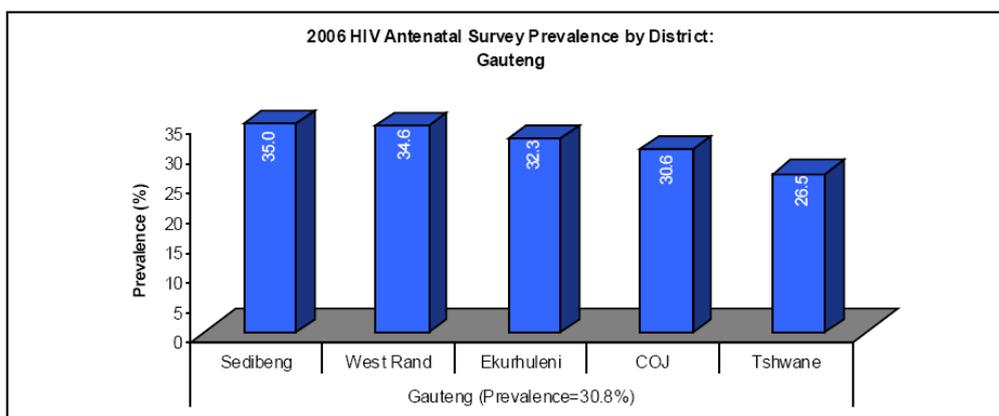
These findings confirm that despite the decreases in prevalence in some groups, HIV and AIDS are still a problem of public health importance and warrant the continued efforts and resources of government, business and civil society. (National HIV and syphilis antenatal sero-prevalence survey in South Africa 2007)

The **HIV prevalence in Gauteng is estimated to have decreased to 30.8 % (29.6 - 32.1) in 2006 from 32.4% (30.6 – 34.3) in 2005.** This follows the decrease from 33.1 (31.0 – 35.3) in 2004. The **district prevalence rate ranges between 26.5 % - 35.0%** for Gauteng as depicted in the graph and table below. Tshwane was found to have the lowest prevalence rate of 26.5 % (24.0 – 29.0). Sedibeng was found to have the highest prevalence rate of 35% (30.2 – 39.7) closely followed by West Rand with 34.6 % (30.0 – 39.2) (National HIV and syphilis antenatal sero-prevalence survey in South Africa 2007) The study did not include the Metsweding district.

- **2006 HIV Antenatal Survey Prevalence by District: Gauteng**



Source: National HIV and syphilis antenatal sero-prevalence survey in South, Africa: 2006



Source: National HIV and syphilis antenatal sero-prevalence survey in South Africa: 2006

Province	N	Prevalence (%)	CI (95%)
Gauteng	6145	30.8	29.6 - 32.1
City of Johannesburg	2,399	30.6	28.8 - 32.5
Ekurhuleni	1,765	32.3	30.1 - 34.5
Sedibeng	386	35.0	30.2 - 39.7
Tshwane	1,190	26.5	24.0 - 29.0
West Rand	405	34.6	30.0 - 39.2

Source: National HIV and syphilis antenatal sero-prevalence survey in South Africa: 2006

Based on the antenatal prevalence rate, the total population prevalence rate was estimated for the municipalities. The calculation was based on an ASSA model (2003) estimate of 14.67 for Gauteng in 2007 and the proportions of the Antenatal survey. The estimates are displayed in the table below.

Region	Estimated Population 2007	Antenatal Survey Prevalence (%)	Estimated Total Population Prevalence (%)
Gauteng	10 451 713	30.8	14.67
City of Johannesburg	3 672 565	30.6	14.57
Ekurhuleni	2 822 345	32.3	15.38
Sedibeng	907 243	35.0	16.67
Tshwane	2 257 110	26.5	12.62
West Rand	607 680	34.6	16.48
Metsweding	184 772	25.8	12.29

Total population prevalence: Calculated based on the National HIV and syphilis antenatal sero-prevalence survey in South Africa: 2006. Population estimates as estimated in Statistics South Africa's Community Survey, 2007

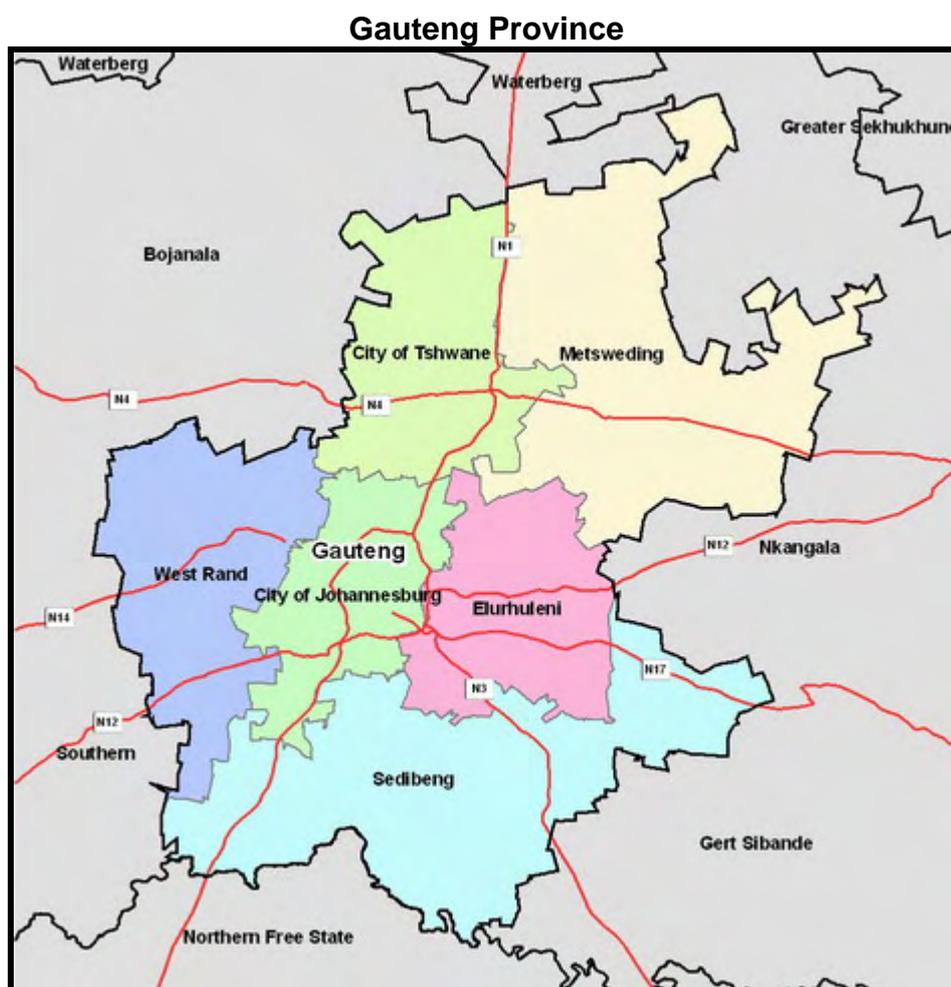
4. Demarcating the project area of Gauteng Province

4.1. An overview of the Gauteng Province

Gauteng is the smallest of South Africa's nine provinces, yet it is the most densely populated province in South Africa with approximately 10, 5 million of the country's 48, 5 million population, resides in Gauteng. (Community Survey, 2007, Statistics South Africa)

The province is situated inland and shares borders with four other provinces:

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



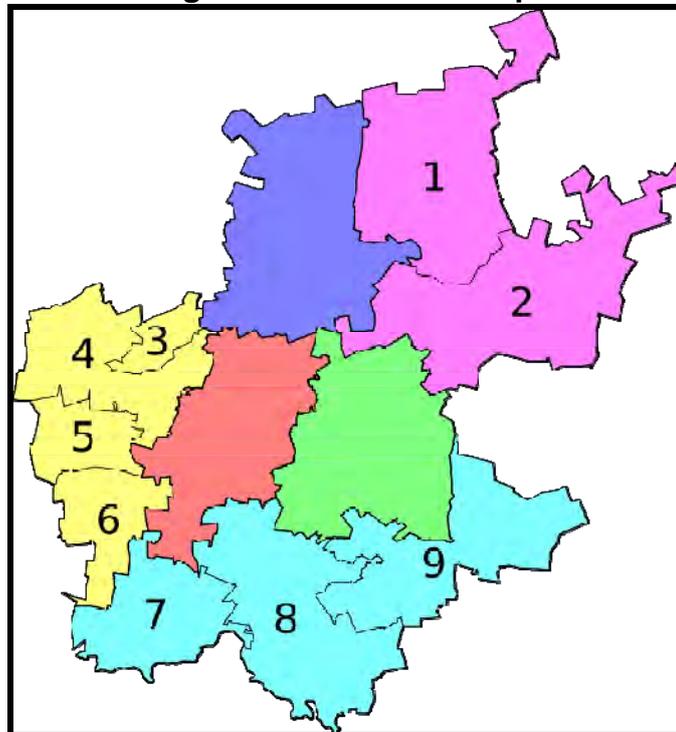
Source: <http://www.demarcation.org.za/>

4.2. The six municipal districts of Gauteng

The Gauteng province is divided into six districts and the data captured has been categorised accordingly: These districts are colour-coded to provide a visual representation of their geographical location:

- **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

Gauteng districts and municipalities



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

4.3. Demarcation of the different municipality types within the province

Three different types of municipalities are found within Gauteng:

- (i) **The three metropolitan municipalities include:**
 - **The City of Johannesburg** Metropolitan Municipality includes for example: Greater JHB, Northern JHB, Eastern JHB, Southern JHB, Western JHB, Midrand, Rabie Ridge, Ivory Park, Khayalami, Gatsrant

- **The City of Tshwane** Metropolitan Municipality includes for example: Greater Pretoria, Pretoria, Centurion, Northern Pretoria, Hammanskraal, Winterveld, Temba, Mabopane, Ga-Rankuwa, Eastern DC, Roodeplaat
 - **Ekurhuleni** Metropolitan Municipality includes for example: Kempton Park, Tembisa, Edenvale, Modderfontein, Brakpan, Greater Germiston, Greater Nigel, Springs, Greater Benoni, Boksburg, Alberton, Eikenhof, Suikerbosrand, Randvaal, Daveyton, Etwatwa
- (ii) **Three district** municipalities:
- **Metsweding** District Municipality includes for example: Bronkhorstspuit, Cullinan, Eastern Gauteng, Roodeplaat, Elands River, Bronberg, Ekangala, High-veld DC, Pienaarsrivier
 - **Sedibeng** District Municipality includes Lekoa/Vaal, Vereeniging, Kopanong, Western Vaal, Heidelberg, Eastern Gauteng, De Deur, Walkerville, Devon, Impumelelo, Eikenhof, Randvaal, Vaal Marina, Suikerbosrand, Vaal River, Vaal Oewer, Vischkuil
 - **West Rand District** Municipality includes for example: Carletonville, Krugersdorp, Westonaria, Randfontein, Magaliesberg, Fochville, Wedela
- (iii) **Nine local** municipalities. Refer to Annexure C: Districts and municipalities of the Gauteng province for further detail.

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

For the purpose of contextualizing the mapped service providers in relation to the socio-economic background of the province, refer to the following as highlighted from the Community Survey 2007 document released by Statistics SA:

- The highest population size is found in Gauteng with a population of 10, 5 million (10 451 713).
- Gauteng has recorded substantial increases since 2001 (13, 9% respectively).
- Gauteng is one of the two provinces who appear to be the major recipients of migrants from other provinces. (Community Survey, 2007, Statistics South Africa)

Rapid urbanisation has fuelled the growth of informal settlements where inadequate infrastructure leads to the development of unfavourable health conditions:

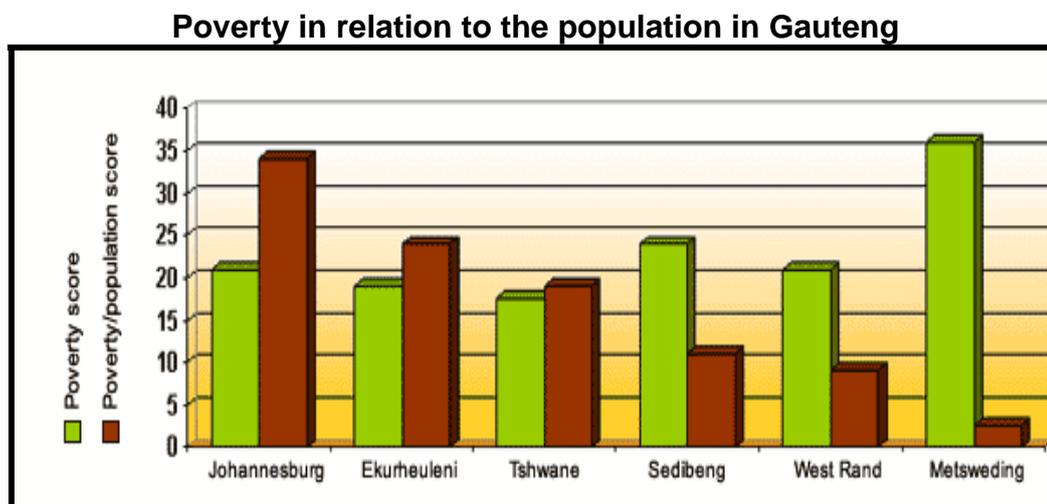
- **On average 65%-70% of the Gauteng population make use of the public hospital system.**
- According to the Household Surveys done in 1995 and 1999 it was estimated that the **population who do not have medical insurance**

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)

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. Poverty-relevant data from the 1997 *October Household Survey* was used and a **poverty score for each municipality was calculated** using a range of items that included:

- Rates of unemployment; and
- Rates of literacy;

Refer to the graph below for an overview of the poverty scores achieved by the different districts. (*Mlambo-Ngcuka pledges to assist Metsweding to grow its economy*, 2005, www.info.gov.za)



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

4.5 Provision of health services within Gauteng

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)

4.5.1 Comparing Gauteng to national health standards and indicators

When comparing Gauteng to national health standards and indicators in terms of health-related service delivery in 2005/2006, it was found that:

- The per capita expenditure on Primary Health Care (PHC) had decreased over the previous four years;
- Despite the presence of many tertiary hospitals, there was a shortage of district hospitals and only 24% of the total district budget was spent on hospitals compared to the national average of 45%;
- The utilisation of PHC services was very low at 1,4 visits per person, as compared to the rest of the country at 2,1;
- The clinical workload of nurses remained constant at 24 patients per day, though it fell below the national average;
- Condom distribution received a lower than expected priority and actually decreased to the second lowest in the country. (District Health Barometer, 2006, section B: 124)

4.5.2 Comparing the districts of Gauteng with regards to specific factors impacting on HIV and AIDS services

Legend:

JHB: Johannesburg EKUR: Ekurhuleni SEDI: Sedibeng
 TSHW: Tshwane METSW: Metsweding WRAND: West Rand

Indicator:	National value	Gauteng	JHB	TSHW	EKUR	METSW	SEDI	WRAND
% District health service expenditure on district hospitals	45,0	24,5	8,4	43,5	10,6	0,0	32,4	48,4
Nurse clinical workload	31,6	24,2	17,7	43,2	31,7	30,1	35,8	34,6
Male condom distribution rate	8,8	5,2	6,5	5,5	4,0	2,0	4,2	3,6
Proportion ANC clients tested for HIV	NA	47,4	63,8	43,2	29,6	45,5	72,2	38,8

Source: <http://www.hst.org.za/Publications/701> (District Health Barometer, 2006, section B: 125-130)

4.5.3 Comparing the districts of Gauteng with regards to the number of health facilities and beds

Indicator:	Gauteng Province	JHB	TSHW	EKUR	METSW	SEDI	WRAND
Public sector facilities and beds – 2005							
Clinics	297	102	47	71	6	33	38
Mobile services	54	15	10	7	2	10	10
District hospitals	9	1	3	1	0	2	2
Regional hospitals	12	3	2	5	0	1	1
Specialised	6	2	2	0	1	0	1

hospitals							
Beds	15 606	5 163	4 637	2 817	298	1 086	1 605
Public sector facilities and beds – 2006							
Private hospitals	115	38	34	21	1	8	13
Private hospital beds	14 157	5 166	4 232	2 567	43	616	1 533

Source: <http://www.hst.org.zu/Publications/701> (District Health Barometer, 2006, section B: 125-130)

5. Findings of the HIV/AIDS service providers mapped in Gauteng

The findings are initially separated and discussed at a municipal level before it is discussed at a provincial level. The calculations made are based on the following source documents:

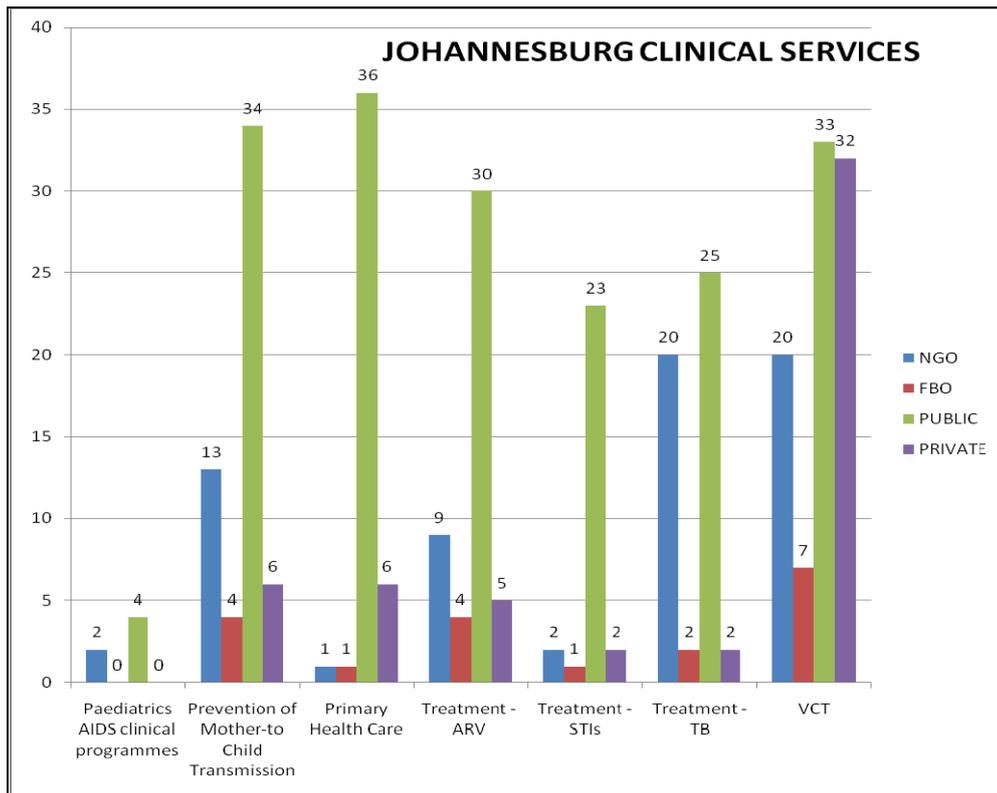
- *ASSA 2003 AIDS and Demographic model*, Actuarial Society of South Africa, 2005;
- *Mid-year population estimates, 2007*, Statistics SA, 2007, www.statssa.gov.za; *Community Survey, 2007*. Statistics SA, 2007, www.statssa.gov.za ; and
- *National HIV and Syphilis Antenatal Sero-prevalence survey in South Africa 2006*, Department of Health, 2007. www.doh.gov.za.

5.1. City of Johannesburg Metropolitan Municipality

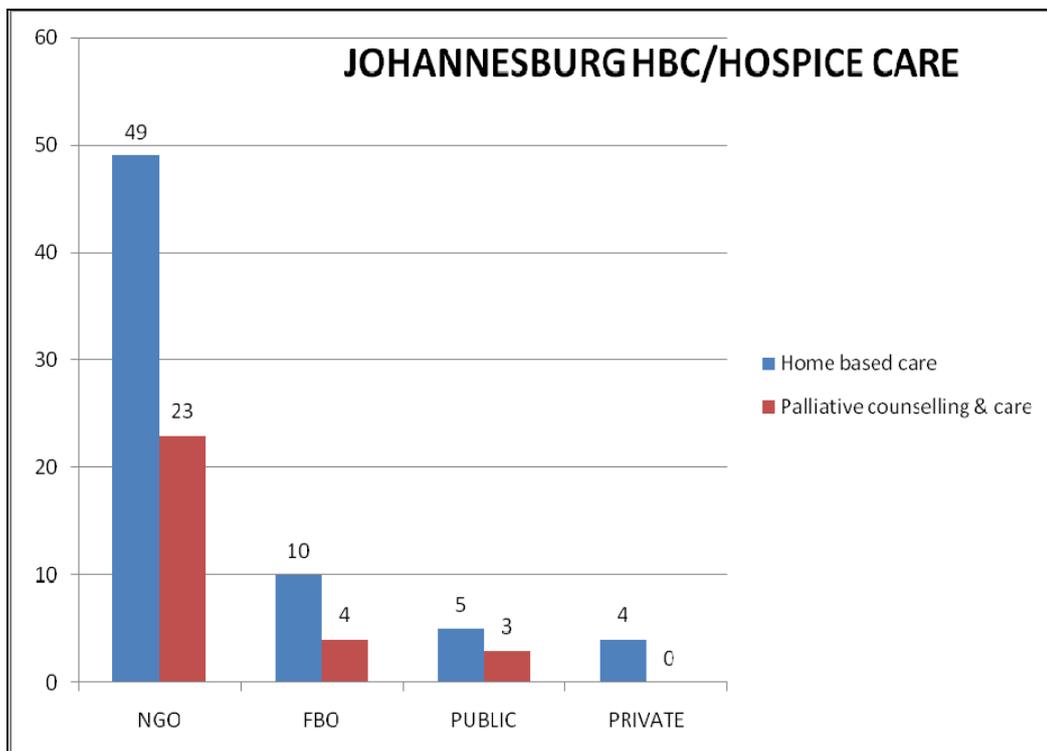
The data suggests that the provision of clinical services in the City of Johannesburg is dominated by the public sector. A large gap exists between the public and the other sectors across most services with the exceptions being:

- The contribution of the private sector to the provision of VCT; and
- The contribution of NGOs to the provision of services for Tuberculosis.

The lack of paediatric AIDS clinical programmes across all sectors is particularly concerning with only six providers offering this service.



NGO's are the largest contributors of Home Based Care (72%) as well as Palliative counselling and care (68%). These findings in conjunction with the previous graph suggest that the type of services provided differ largely across sectors. This eliminates issues of overlap and is a positive finding if the overall number of services provided is sufficient to match the needs.



The epidemiological estimates for Johannesburg was calculated based on the assumption that the population is 3 672 565 and that the prevalence rate for the total population is 14.57%. Based on these figures, it is estimated that there are 535 093 HIV positive individuals in Johannesburg and 251 494 of these individuals are in need of Antiretroviral treatment.

Need for ART in Johannesburg

% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. Johannesburg Population	3672565
Prevalence rate	14.57%
# HIV+ individuals	535093
# of people in need of ART	251494

Calculations based on source documents listed

It is estimated that the antenatal prevalence rate for Johannesburg is 30.6%. The implication is that 30.6% of the 68 281 babies born in Johannesburg are to HIV positive mothers who could potentially transmit the virus to their unborn child. This equates to 20894 mothers in need of Prevention of Mother to Child Transmission treatment.

Need for PMTCT in Johannesburg

Uninfected births (2007)	186417
Infected births (2007)	7903
Gauteng population (2007)	10451713
Est. Johannesburg population	3672565
Total Gauteng births	194320
% births	1.86
Est. # Johannesburg births	68281
% HIV+ pregnant women	30.6
# of people in need of PMTCT	20894

Calculations based on source documents listed

Epidemiological estimates suggest that in 2007 2.33% of Johannesburg's population are maternal orphans due to AIDS. As a result, it is estimated that there are 85 662 maternal orphans who are affected by the AIDS epidemic and are in need of care.

Need for Orphan care

# Gauteng Maternal orphans affected by AIDS(Age under 18)	243785
Gauteng population (2007)	10451713
Est. Johannesburg population	3672565
% Maternal orphans affected by AIDS	2.33
#Maternal orphans affected by AIDS in need of care	85662

Calculations based on source documents listed

The project has identified 92 VCT service providers in Johannesburg. This equates to 2.51 VCT sites per 100 000 people or 39 919 people per site. Based on the assumption that the entire population goes for a test once a year, each site would have to accommodate around 151 people per day.

VCT Sites per 100 000 People

# of VCT Sites	92
Johannesburg population (2007)	3672565
VCT Sites/100 000	2.51

Calculations based on source documents listed

The epidemiological estimate for the number of people in need of ART is 251 494. In comparison, the project identified 48 ARV service providers. Based on the assumption that everyone in need of ART wants them, this would equate to 5239 people per service provider which suggests that there is a lack of ARV service providers in the area.

However this figure does not include ART from private institutes so the situation may not be as dire as suggested. Estimates indicate that 20894 mothers are in need of PMTCT treatment which is offered by 57 service providers. That equates to 367 mothers per service provider. This is **one of the most vital services** as it prevents new infections which will decrease the prevalence rate.

The study identified 79 Orphan and Vulnerable Children (OVC) service providers in Johannesburg to cater for the needs of an estimated 85 662 maternal orphans. At 1084 children per service provider there is clearly a shortage of service providers since the number does not include the vulnerable children and non AIDS affected orphans.

With 39 919 people per VCT site there is also a need for more VCT service providers in Johannesburg.

HIV and AIDS Needs Assessment

Variables:	Values:
# Gauteng Aids orphans (Age under 18)	243 785
# of VCT Sites	92
% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. Johannesburg Population	3672565
Gauteng population (2007)	10451713
Infected births (2007)	7903
Johannesburg Prevalence rate (2007)	14.6%
Uninfected births (2007)	186417
# HIV+ individuals (Johannesburg)	535093
% AIDS orphans	2.33

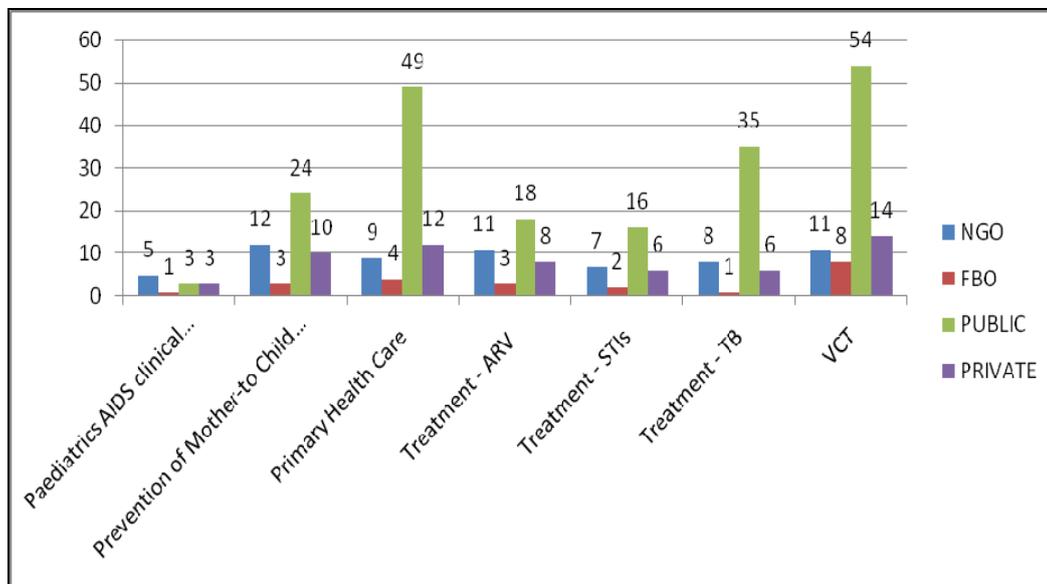
% births	1.86
% HIV+ births	4.07
Est. # of Johannesburg Births	68281
Total Gauteng births	194320
# of people in need of ART	251494
# of people in need of PMTCT	20894
# maternal orphans in need of care	85662
VCT Sites/100 000	2.51

Calculations based on source documents listed

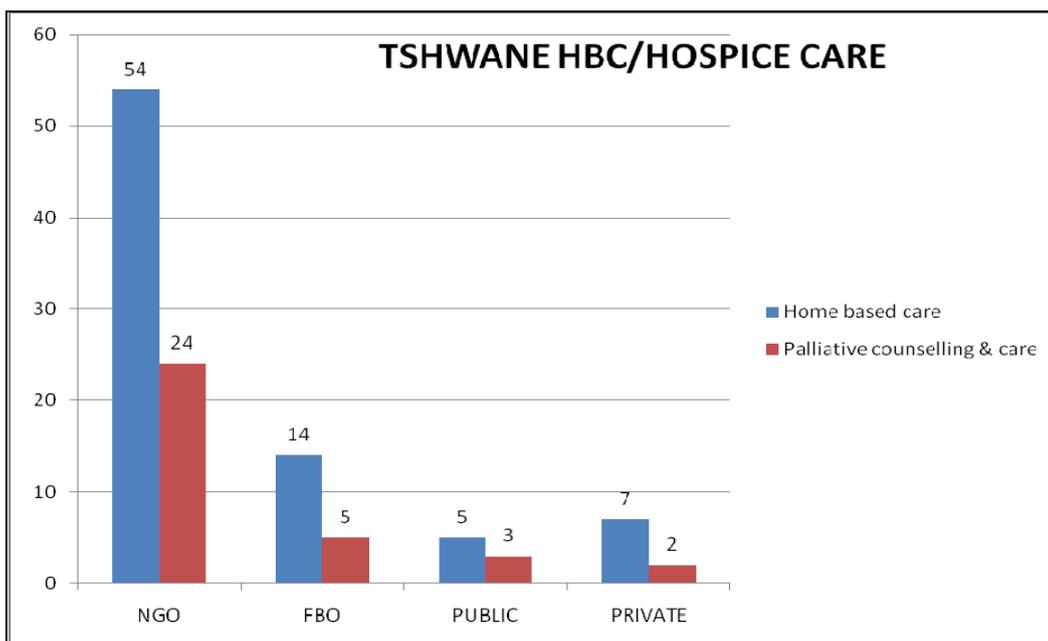
5.2. City of Tshwane Metropolitan Municipality

In the City of Tshwane Metropolitan Municipality (CTMM) more service providers were identified across all sectors. The fact that this area has been mapped and monitored more than once during the past few years has had a positive effect on the number of services providers found.

As in most municipal areas mapped, the public sector is the largest contributor of clinical services most noticeably VCT (54) and PHC (49). CTMM follows the trend in that most of the services offered are VCT (87) and least is Paediatrics AIDS clinical services (12). Overall the study identified more service providers in CTMM than the other municipalities.



A large number of HBC and palliative counselling and care service providers were identified in CTMM. The NGO sector dominates both HBC (68%) and palliative counselling and care (71%) with the largest contributions.



The epidemiological estimates for Tshwane was calculated based on the assumption that the population is 2 257 110 and that the prevalence rate for the total population is 12.62%. Based on these figures, it is estimated that there are 284 847 HIV positive individuals in Tshwane and 133 878 of these individuals are in need of Antiretroviral treatment.

Need for ART in Tshwane

% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. Tshwane population	2257110
Prevalence rate	12.62%
# HIV+ individuals	284847
# of people in need of ART	133878

Calculations based on source documents listed

It is estimated that 26.5 per cent of the 41 965 pregnant woman in Tshwane are HIV positive. This equates to 11121 mothers in need of Prevention of Mother to Child Transmission treatment.

Need for PMTCT in Tshwane

Uninfected births (2007)	186417
Infected births (2007)	7903
Gauteng population (2007)	10451713
Est. Tshwane population	2257110
Total Gauteng births	194320
% births	1.86
Est. # Tshwane births	41965
% HIV+ pregnant woman	26.5
# of people in need of PMTCT	11121

Calculations based on source documents listed

Epidemiological estimates suggest that in 2007 2.33% of Tshwane's population is maternal orphans due to AIDS. As a result, it is estimated that there are 52 647 maternal orphans who are affected by the AIDS epidemic and in need of care.

Need for Orphan care

# Gauteng maternal orphans affected by AIDS (Age under 18)	243785
Gauteng population (2007)	10451713
Est. Tshwane population	2257110
% maternal orphans affected by AIDS	2.33
# maternal orphans affected by AIDS in need of care	52647

The project has identified 87 VCT service providers in Tshwane. This equates to 3.85 VCT sites per 100 000 people or 25 944 people per site. Based on the assumption that the entire population goes for a test once a year, each site would have to accommodate around 98 people per day.

VCT Sites per 100 000 People

# of VCT Sites	87
Tshwane population (2007)	2257110
VCT Sites/100 000	3.85

Calculations based on source documents listed

The City of Tshwane Metropolitan Municipality has the second lowest prevalence rate (12.68%) and the third highest population in the province.

In contrast to the other municipalities a large number of service providers were identified. The study identified 40 ART service providers to provide treatment for the estimates 133 878 people in need which equates to 3347 people per service provider. Again, this does not include the individuals that obtain their ARVs from private institutes.

It is estimated that 11121 people are in need of the PMTCT treatment offered at the 49 identified service providers. That equates to 227 people per service provider. The study identified 58 OVC service providers to cater for the needs of an estimated 52 647 maternal orphans that were affected by AIDS which implies a ratio of 908:1. This number excludes vulnerable and non-AIDS orphaned children so the ratio is larger.

The ratio for VCT services to people are 25944:1 which is comparatively lower than the other municipalities however it is still relatively high.

HIV and AIDS Needs Assessment

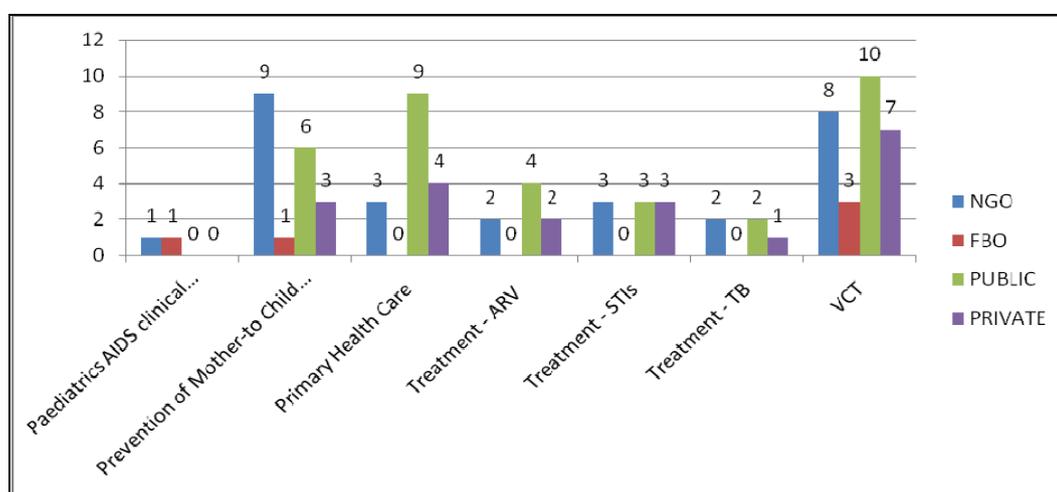
Variables:	Values:
# Gauteng maternal orphans affected by AIDS (Age under 18)	243785
# of VCT Sites	87
% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. Tshwane population	2257110
Gauteng population (2007)	10451713
Infected births (2007)	7903
Tshwane Prevalence rate (2007)	12.6%
Uninfected births (2007)	186417
# HIV+ individuals (Tshwane)	284847
% AIDS orphans	2.33
% births	1.86
% HIV+ births	4.07
Est. # of Tshwane Births	41965
Total Gauteng births	194320
# of people in need of ART	133878
# of people in need of PMTCT	11121
# maternal orphans affected by AIDS in need of care	52647
VCT Sites/100 000	3.85

Calculations based on source documents listed

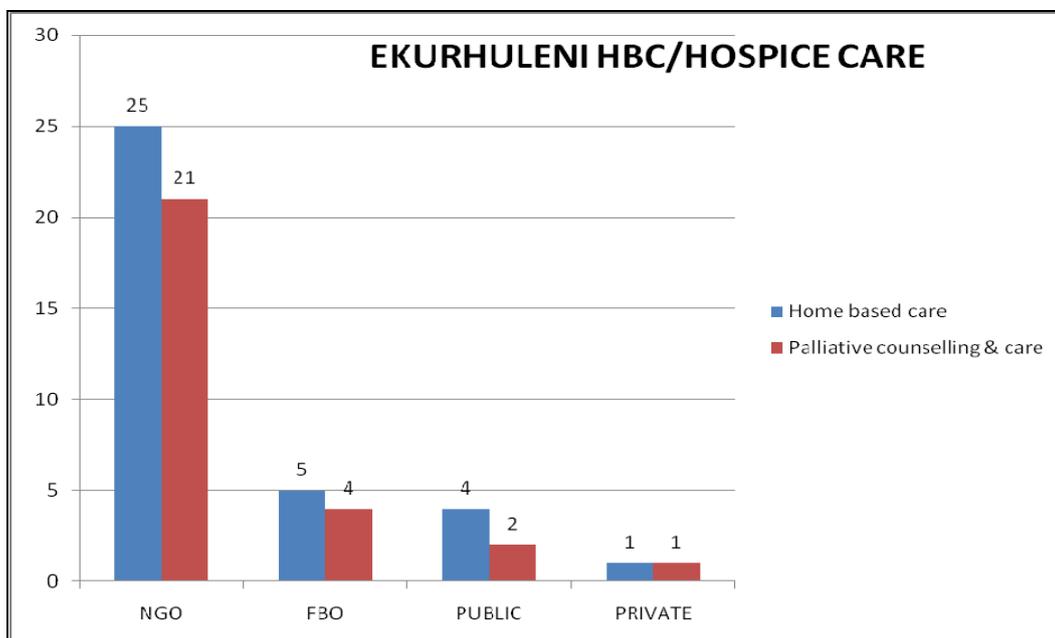
5.3. Ekurhuleni Metropolitan Municipality

The study found a relatively low number of service providers in comparison to its population size. Unlike the City of Johannesburg, there was no dominant sector as the numbers were consistently low especially in the FBO sector.

Paediatrics AIDS clinical services were the lowest (2) with VCT (28) having the most service providers.



The numbers increase for Home Based Care (HBC) and Palliative counseling and care. This is largely due to the contribution of the NGOs in both the HBC (25) and Palliative counseling and care (21) areas.



The epidemiological estimates for Ekurhuleni was calculated based on the assumption that the population is 2 822 345 and that the prevalence rate for the total population is 15.38%. Based on these figures, it is estimated that there are 434 077 HIV positive individuals in Ekurhuleni and 434 077 of these individuals are in need of Antiretroviral treatment.

Need for ART in Ekurhuleni

% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. Ekurhuleni population	2822345
Prevalence rate	15.4%
# HIV+ individuals	434077
# of people in need of ART	204016

Calculations based on source documents listed

It is estimated that 32.3 per cent of the 52 474 pregnant woman in Ekurhuleni are HIV positive. This equates to 16949 mothers in need of Prevention of Mother to Child Transmission treatment.

Need for PMTCT in Ekurhuleni

Uninfected births (2007)	186417
Infected births (2007)	7903
Gauteng population (2007)	10451713
Est. Ekurhuleni population	2822345

Total Gauteng births	194320
% births	1.86
Est. # Ekurhuleni births	52474
% HIV+ pregnant women	32.3
# of people in need of PMTCT	16949

Calculations based on source documents listed

Epidemiological estimates suggest that in 2007 2.33% of Ekurhuleni's population is maternal orphans due to AIDS. As a result, it is estimated that there are 65 831 maternal orphans who are affected by the AIDS epidemic and are in need of care.

Need for Orphan care

# Gauteng Maternal orphans affected by AIDS (Age under 18)	243785
Gauteng population (2007)	10451713
Est. Ekurhuleni population	2822345
% maternal orphans affected by AIDS	2.33
# maternal orphans affected by AIDS in need of care	65831

Calculations based on source documents listed

The project has identified 28 VCT service providers in Johannesburg. This equates to 0.99 VCT sites per 100 000 people or 100 798 people per site. Based on the assumption that the entire population goes for a test once a year, each site would have to accommodate around 382 people per day.

VCT Sites per 100 000 People

# of VCT Sites	28
Ekurhuleni population (2007)	2822345
VCT Sites/100 000	0.99

Calculations based on source documents listed

In Ekurhuleni the number of service providers identified was extremely low especially when considering the population number (2 822 345) and the prevalence rate (15.4%).

It was estimated that 204 016 people are in need of ART. The study found eight ARV sites which would equate to 25 502 people per site. As with Johannesburg this figure does not include the ART obtained from private institutes. Despite the exclusion of these additional figures, the number of ART sites identified is extremely low.

The epidemiological estimate for people in need of PMTCT is 16949 which equates to 892 people for each of the 19 service providers that were identified. The availability of this service is extremely important as it is vital that mothers receive this treatment on time. In the study, 39 OVC service providers were identified to provide care for an estimated 65 831 orphans. This equates to 1688 children per service provider. However, this number

does not include vulnerable and non AIDS affected orphans so the burden on the service provider is much larger.

With an estimated 100 798 people per VCT site there is a clear shortage of this service in Ekurhuleni. The municipality has a prevalence rate of 15.4% and with shortage of VCT sites a large number of people may not know theirs and their partners HIV status increasing the possibility of new infections.

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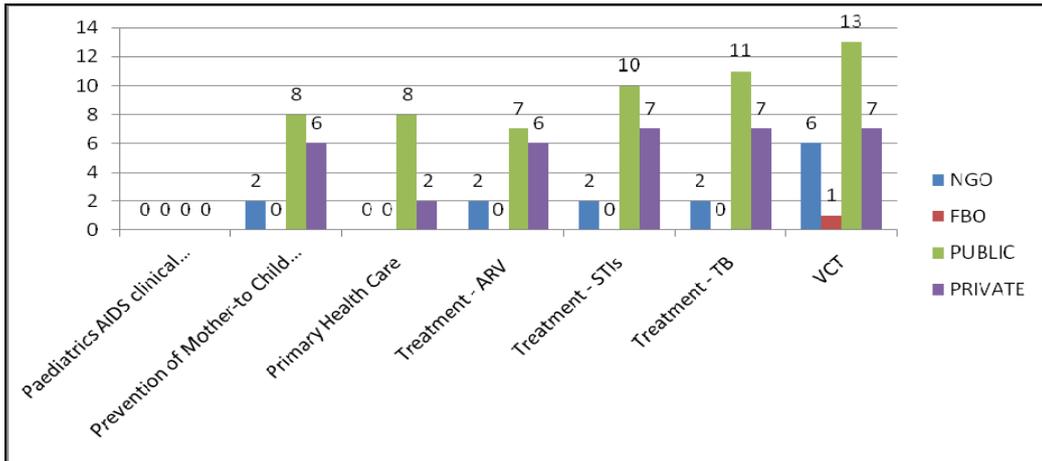
Variables:	Values:
# Maternal orphans affected by HIV (Age under 18)	243785
# of VCT Sites	28
% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. Ekurhuleni population	2822345
Gauteng population (2007)	10451713
Infected births (2007)	7903
Ekurhuleni Prevalence rate (2007)	15.4%
Uninfected births (2007)	186417
# HIV+ individuals (Ekurhuleni)	434077
% Maternal orphans affected by AIDS	2.33
% births	1.86
% HIV+ births	4.07
Est. # of Ekurhuleni Births	52474
Total Gauteng births	194320
# of people in need of ART	204016
# of people in need of PMTCT	16949
# Maternal orphans in need of care	65831
VCT Sites/100 000	0.99

Calculations based on source documents listed

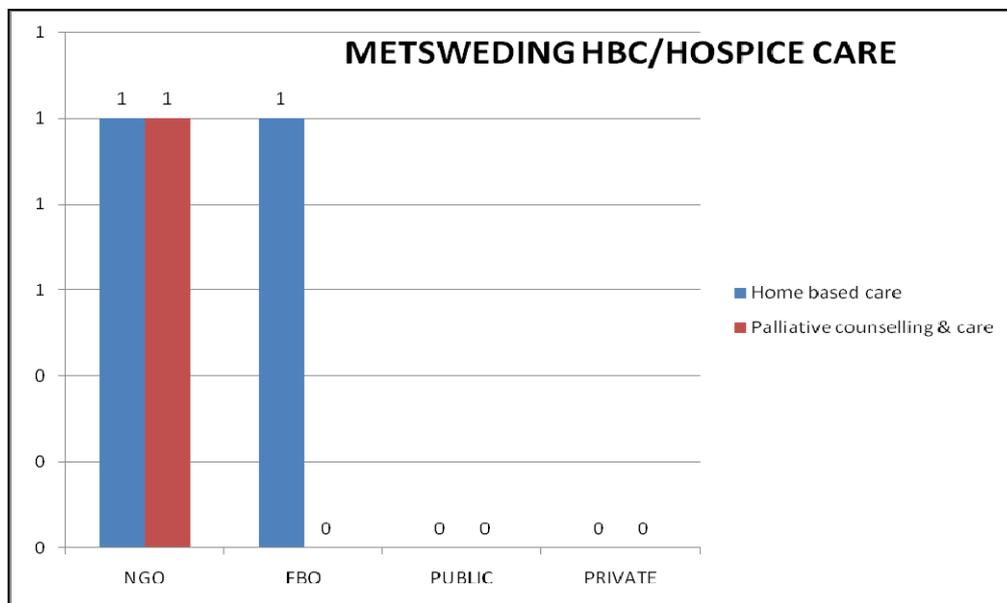
5.4. Metsweding District Municipality

A large number of service providers were identified in Metsweding in relation to its population size. This was due to the fact that this area has been mapped previously and the approach followed during that study was to obtain detailed information by means of one-on-one interviews with each provider identified in the area.

The public sector dominates the provision of clinical services with the private sector making a noticeable contribution. No Paediatrics AIDS clinical services were identified. The most provided service in this area is VCT.



There is an extremely low number (3) of Home Based Care and Palliative counseling and care services in Metsweding. This may be a result of the socio-economic status of the municipality.



The epidemiological estimates for Metsweding was calculated based on the assumption that the population is 184 772 and that the prevalence rate for the total population is 12.29%. Based on these figures, it is estimated that there are 22 708 HIV positive individuals in Metsweding and 10 673 of these individuals are in need of Antiretroviral treatment.

Need for ART in Metsweding

% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. Metsweding population	184772
Prevalence rate	12.29%
# HIV+ individuals	22708
# of people in need of ART	10673

Calculations based on source documents listed

It is estimated that 25.8 per cent of the 3435 pregnant woman in Metsweding are HIV positive. This equates to 886 mothers in need of Prevention of Mother to Child Transmission treatment.

Need for PMTCT in Metsweding

Uninfected births (2007)	186417
Infected births (2007)	7903
Gauteng population (2007)	10451713
Est. Metsweding population	184772
Total Gauteng births	194320
% births	1.86
Est. # Metsweding births	3435
% HIV+ pregnant women	25.8
# of people in need of PMTCT	886

Calculations based on source documents listed

Epidemiological estimates suggest that in 2007 2.33% of Metsweding's population is maternal orphans due to AIDS. As a result, it is estimated that there are 4 310 maternal orphans who are affected by the AIDS epidemic and are in need of care.

Need for Orphan care

# Gauteng orphans affected by AIDS (Age under 18)	243785
Gauteng population (2007)	10451713
Est. Metsweding population	184772
% maternal orphans affected by AIDS	2.33
# maternal orphans affected by AIDS in need of care	4310

Calculations based on source documents listed

The project has identified 27 VCT service providers in Metsweding. This equates to 14.6 sites per 100 000 people or 6 843 people per site. Based on the assumption that the entire population goes for a test once a year, each site would have to accommodate around 26 people per day.

VCT Sites per 100 000 People

# of VCT Sites	27
Metsweding population (2007)	184772
VCT Sites/100 000	14.6126

Calculations based on source documents listed

Metsweding has the lowest population (184 772) and the lowest prevalence rate (12.29%) in the province.

The study has identified 15 ARV service providers to cater to the need of an estimated 10 673 people in need of ARTs. That equates to 712 people per service provider. It is estimated that 886 mothers require PMTCT treatment from the 16 identified service providers that is 55 mothers per

service provider. The study identified 10 OVC service providers to accommodate 4310 maternal orphans affected by AIDS that are in need of care. This equates to 431 children per service provider.

The ratio for VCT service providers to people is 6843:1. This ratio is lower than the other districts and indicates a positive correlation between the availability of VCT services and the prevalence rate which emphasises the importance of making individuals aware of their HIV status.

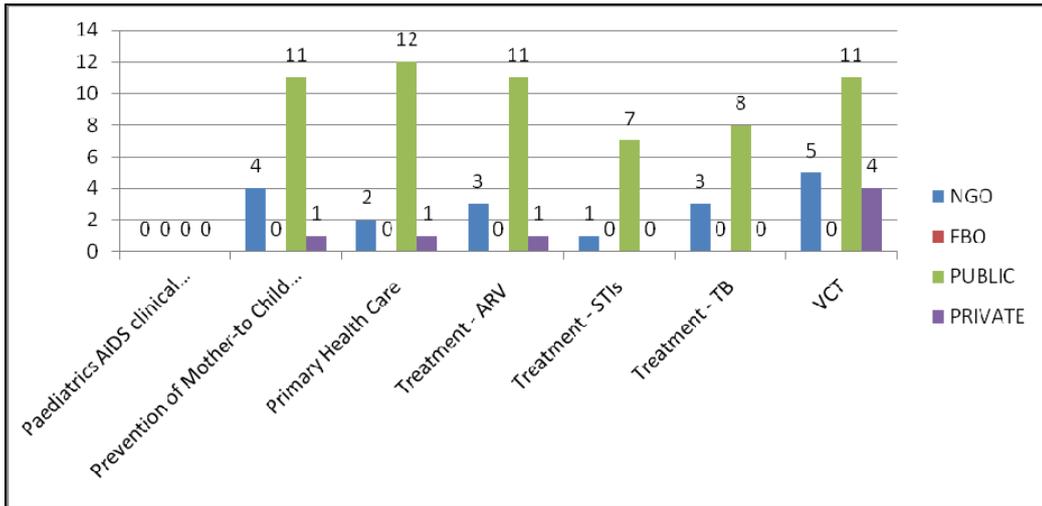
HIV and AIDS Needs Assessment

Variables:	Values:
# Gauteng maternal orphans affected by AIDS (Age under 18)	243 785
# of VCT Sites	27
% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. Metsweding population	184772
Gauteng population (2007)	10451713
Infected births (2007)	7903
Gauteng Prevalence rate (2007)	12.29%
Uninfected births (2007)	186417
# HIV+ individuals (Metsweding)	22708
% maternal orphans affected by AIDS	2.33
% births	1.86
% HIV+ births	4.07
Est. # of Metsweding Births	3435
Total Gauteng births	194320
# of people in need of ART	10673
# of people in need of PMTCT	886
# maternal orphans affected by AIDS in need of care	4310
VCT Sites/100 000	14.6126

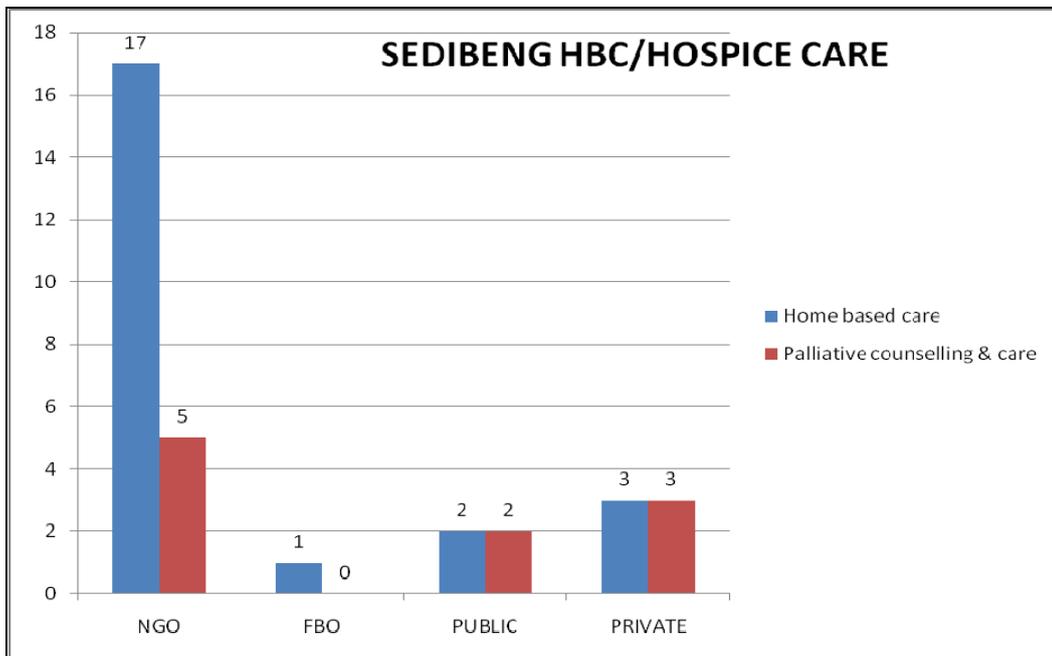
Calculations based on source documents listed

5.5. Sedibeng District Municipality

In Sedibeng the public sector was found to be the largest contributor of the clinical services. No FBOs were identified and the contributions of the NGOs, and private sector were limited. There were no Paediatrics AIDS clinical services in the area.



As in the other areas, NGOs dominate the provision of Home Based Care (17) and Palliative counseling and care (5). There are minor contributions from the other sectors.



The epidemiological estimates for Sedibeng was calculated based on the assumption that the population is 907 243 and that the prevalence rate for the total population is 16.67%. Based on these figures, it is estimated that there are 151 237 HIV positive individuals in Sedibeng and 71 082 of these individuals are in need of Antiretroviral treatment.

Need for ART in Sedibeng

% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. Sedibeng population	907243
Prevalence rate	16.67%
# HIV+ individuals	151237
# of people in need of ART	71082

Calculations based on source documents listed

It is estimated that 35.0 per cent of the 16 868 pregnant woman in Sedibeng are HIV positive. This equates to 5904 mothers in need of Prevention of Mother to Child Transmission treatment.

Need for PMTCT in Sedibeng

Uninfected births (2007)	186417
Infected births (2007)	7903
Gauteng population (2007)	10451713
Est. Sedibeng population	907243
Total Gauteng births	194320
% births	1.86
Est. # Sedibeng births	16868
% HIV+ pregnant women	35.0
# of people in need of PMTCT	5904

Calculations based on source documents listed

Epidemiological estimates suggest that in 2007 2.33% of Sedibeng's population is maternal orphans due to AIDS. As a result, it is estimated that there are 21 161 maternal orphans who are affected by the AIDS epidemic and are in need of care.

Need for Orphan care

# Gauteng maternal orphans affected by AIDS (Age under 18)	243785
Gauteng population (2007)	10451713
Est. Sedibeng population	907243
% maternal orphans affected by AIDS	2.33
# maternal orphans affected by AIDS in need of care	21161

Calculations based on source documents listed

The project has identified 20 VCT service providers in Sedibeng. This equates to 2.20 VCT sites per 100 000 people or 45 362 people per site. Based on the assumption that the entire population goes for a test once a year, each site would have to accommodate around 172 people per day.

VCT Sites per 100 000 People

# of VCT Sites	20
Sedibeng population (2007)	907243
VCT Sites/100 000	2.20

Calculations based on source documents listed

Sedibeng has the third lowest population (907 243) but the **highest prevalence rate (16.57%) in Gauteng**. Thus, there is a huge need for services despite the lower population numbers.

The study found 15 ART service providers to cater for the need of an estimated 71 082 people which equates to 4 739 people per service provider. This indicates a shortage of ART service providers even though the number does not include ART obtained from private institutes or people that choose not to take ART.

It is estimated that 5904 mothers are in need of the PMTCT treatment provided by the 16 identified service providers which equates to 369 people per service provider. The manageability of these service providers will depend on their location (easily accessible service providers would have more patients) and the number of patients requiring the service at the same time. Epidemiological estimates for maternal orphans affected by AIDS is 21 161 in Sedibeng. The study identified 20 service providers in the municipality, that is 1058 children per service provider in addition to the vulnerable and non-AIDS affected orphans. This suggests that there is a huge shortage of OVC facilities in Sedibeng.

The ratio for people to VCT sites is 45 362:1 indicating that there is a need for more VCT sites. This is the municipality with the highest prevalence rate which increases the need for individuals to be aware of theirs and their partners HIV status.

HIV and AIDS Needs Assessment

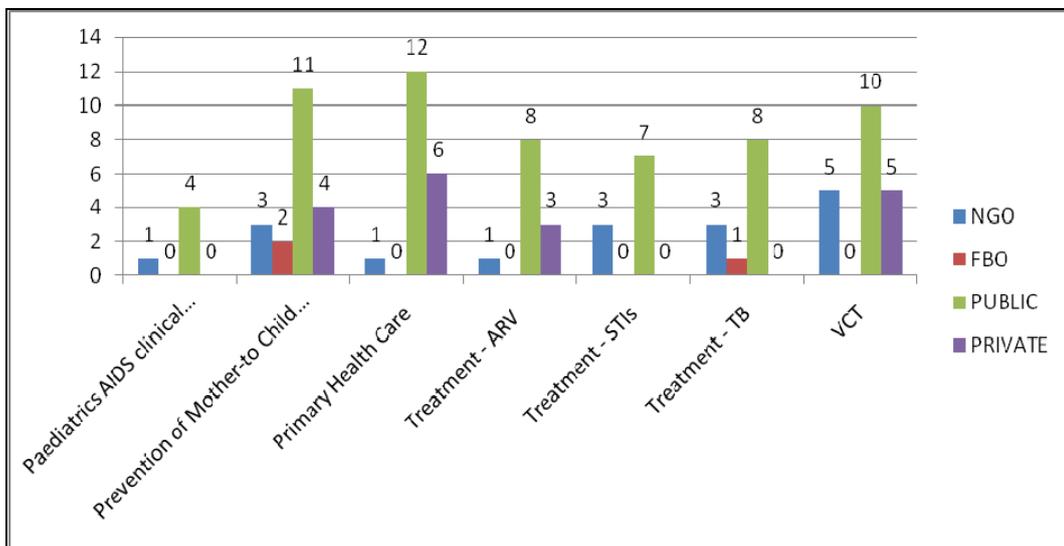
Variables:	Values:
# Gauteng maternal orphans affected by AIDS (Age under 18)	243785
# of VCT Sites	20
% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. Sedibeng population	907243
Gauteng population (2007)	10451713
Infected births (2007)	7903
Sedibeng Prevalence rate (2007)	16.7%
Uninfected births (2007)	186417
# HIV+ individuals (Sedibeng)	151237
% maternal orphans affected by AIDS	2.33
% births	1.86
% HIV+ births	4.07
Est. # of Sedibeng Births	16868
Total Gauteng births	194320

# of people in need of ART	71082
# of people in need of PMTCT	5904
# maternal orphans affected by AIDS in need of care	21161
VCT Sites/100 000	2.20

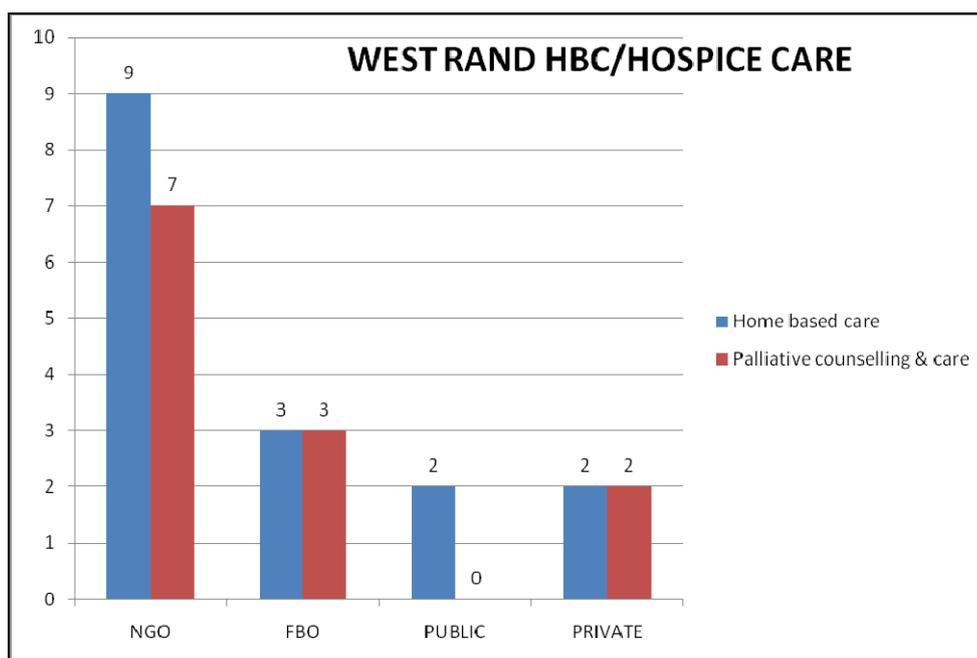
Calculations based on source documents listed

5.6. West Rand District municipality

The public sector dominates the provision of clinical services in the West Rand. Overall the numbers of service providers across services are consistent and low. The private sector and NGOs make minor contributions across the services to raise the overall numbers.



The NGOs make the largest contributions to both the HBC (56%) and palliative counseling and care service (58%) provision. FBO's, public and the private sector make similar contributions.



The epidemiological estimates for the West Rand was calculated based on the assumption that the population is 607 680 and that the prevalence rate for the total population is 16.48%. Based on these figures, it is estimated that there are 100 146 HIV positive individuals in the West Rand and 47 068 of these individuals are in need of Antiretroviral treatment

Need for ART in West Rand

% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. West Rand population	607680
Prevalence rate	16.48%
# HIV+ individuals	100146
# of people in need of ART	47068

Calculations based on source documents listed

It is estimated that 34.6 per cent of the 11298 pregnant women in West Rand are HIV positive. This equates to 3909 mothers in need of Prevention of Mother to Child Transmission treatment.

Need for PMTCT in West Rand

Uninfected births (2006)	186417
Infected births (2006)	7903
Gauteng population (2007)	10451713
Est. West Rand population	607680
Total Gauteng births	194320
% births	1.86
Est. # West Rand births	11298
% HIV+ pregnant women	34.6
# of people in need of PMTCT	3909

Calculations based on source documents listed

Epidemiological estimates suggest that in 2007 2.33% of West Rand's population is maternal orphans due to AIDS. As a result, it is estimated that there are 14 174 maternal orphans who are affected by the AIDS epidemic and are in need of care.

Need for Orphan care

# Gauteng maternal orphans affected by AIDS(Age under 18)	243785
Gauteng population (2007)	10451713
Est. West Rand population	607680
% maternal orphans affected by AIDS	2.33
# maternal orphans affected by AIDS in need of care	14174

Calculations based on source documents listed

The project has identified 20 VCT service providers in West Rand. This equates to 3.29 VCT sites per 100 000 people or 30 384 people per site. Based on the assumption that the entire population goes for a test once a year, each site would have to accommodate around 115 people per day.

VCT Sites per 100 000 People

# of VCT Sites	20
West Rand (2007)	607680
VCT Sites/100 000	3.29

Calculations based on source documents listed

The West Rand has the **second highest prevalence rate (16.48%)** and the second lowest population (607680) in the province. This is an indication of an area that is in need of HIV and AIDS services.

It is estimated that 47 068 people are in need of ART services. The study identified 12 service providers which would have to cater for 3923 people per site. As with the previous districts, this does not include people who obtain their ARVs from private institutes. The epidemiological estimate for the number of people in need of PMTCT is 3909 while the study identified 20 service providers. That is, 195 people per site. The study identified 20 OVC service providers to cater for the need of 14174 maternal orphans that were affected by AIDS which equates to 709 children per service provider. Again, this figure does not include non-AIDS affected orphans and other vulnerable children.

The ratio of people to VCT sites is 30 384:1 which are too high for the district with a prevalence rate of 16.48%. This implies that there are probably a large number of individuals who do not know their or their partners HIV status which may result in new infections.

HIV and AIDS Needs Assessment

Variables:	Values:
# Gauteng maternal orphans affected by AIDS(Age under 18)	243785
# of VCT Sites	20
% in stage 3 of infection	37%
% in stage 4 of infection	10%
Est. West Rand population	607680
Gauteng population (2007)	10451713
Infected births (2007)	7903
West Rand Prevalence rate (2007)	16.48%
Uninfected births (2007)	186417
# HIV+ individuals (West Rand)	100146
% maternal orphans affected by AIDS	2.33
% births	1.86
% HIV+ births	4.07
Est. # of West Rand Births	11298
Total Gauteng births	194320
# of people in need of ART	47068
# of people in need of PMTCT	3909
# maternal orphans affected by AIDS in need of care	14174
VCT Sites/100 000	3.29

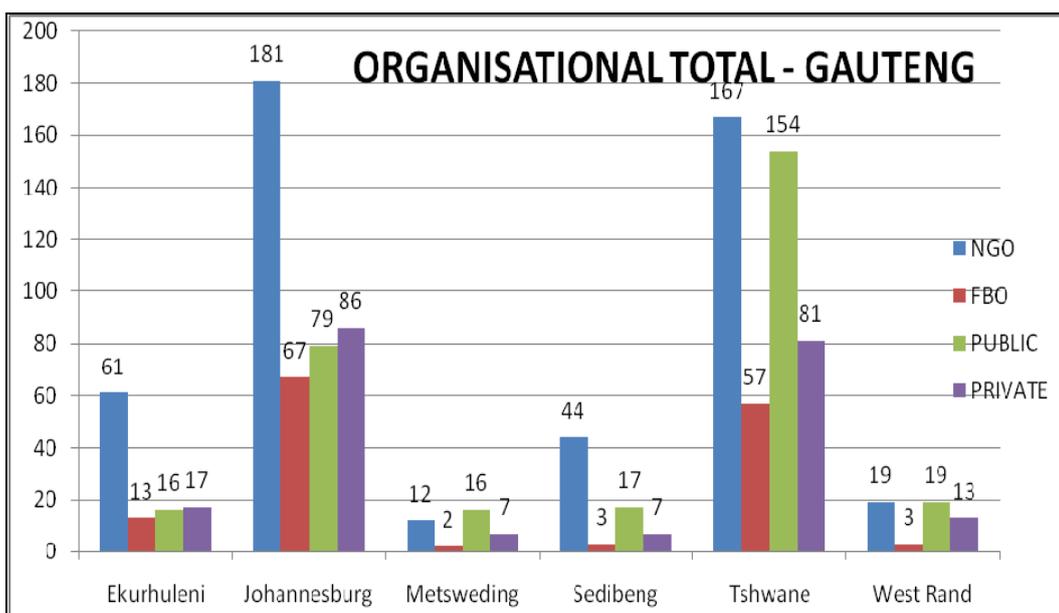
Calculations based on source documents listed

5.7. An overview of Gauteng provincial data captured

Overall the NGOs provide the most services in Gauteng. Their contribution is extremely high in metropolitan municipalities of Johannesburg (181); Tshwane (167) and Ekurhuleni (61). Most of the services were identified in Johannesburg and Tshwane. In these cities there are substantial contributions from all sectors while the contributions of the FBO's; Public and Private sector tapers in the less developed districts.

In Tshwane the contribution of the public sector is substantially larger (154) than the other districts. Of concern, is the lack of services in Sedibeng and West Rand, the districts with the highest prevalence rates. Additionally, Ekurhuleni with the second highest population should have more service providers.

The epidemiological estimates for Gauteng was calculated based on the assumption that the population is 10 451 713 and that the prevalence rate for the total population is 14.67%. Based on these figures, it is estimated that there are 1 533 266 HIV positive individuals in Gauteng and 720 635 of these individuals are in need of Antiretroviral treatment.



Calculations based on source documents listed

It is estimated that there are 59851 mothers in need of Prevention of Mother to Child Transmission treatment.

Need for PMTCT in Gauteng

Total Gauteng births	194320
%HIV+ pregnant women	30.8
# of people in need of PMTCT	59851

Calculations based on source documents listed

Epidemiological estimates suggest that there are 243 785 maternal orphans who are affected by the AIDS epidemic and are in need of care.

Need for Orphan care

# Gauteng maternal orphans affected by AIDS (Age under 18)	243785
# maternal orphans affected by AIDS in need of care	243785

Calculations based on source documents listed

The project has identified 274 VCT service providers in Johannesburg. This equates to 2.62 VCT sites per 100 000 people or 38 145 people per site. Based on the assumption that the entire population goes for a test once a year, each site would have to accommodate around 144 people per day.

VCT Sites per 100 000 People

# of VCT Sites	274
Gauteng population (2007)	10451713
VCT Sites/100 000	2.62

Calculations based on source documents listed

Gauteng has the largest population in the country (10 451 713) and one of the higher prevalence rates (14.67%).

It is estimated that there are 720 635 people in need of ARTs. This study identified 138 ARV service providers, which is 5222 people per site. An epidemiological estimate for people in need of PMTCT is 59851 which when evaluated against the 177 identified service providers it equates to 338 people per site. The study identified 226 OVC service providers to cater for the 243 785 maternal orphans that were identified in the study. This implies a burden of 1079 children per service provider.

The ratio of people to VCT service providers is 38 145:1. The data suggests that this ratio needs to decrease in order to decrease the prevalence rate.

HIV and AIDS Needs Assessment

Variables:	Values:
# Gauteng maternal orphans affected by AIDS (Age under 18)	243785
# of VCT Sites	274
% in stage 3 of infection	37%
% in stage 4 of infection	10%
Gauteng population (2007)	10451713
Infected births (2007)	7903
Gauteng Prevalence rate (2007)	14.7%
# HIV+ individuals (Gauteng)	1533266
% maternal orphans affected by AIDS	243785
# of people in need of ART	720635
# of people in need of PMTCT	59851
# maternal orphans affected by AIDS in need of care	243785
VCT Sites/100 000	2.62

Calculations based on source documents listed

6. Conclusion

The HIV and AIDS epidemic continues to be South Africa's greatest challenge. The country and world now have a better knowledge of what services and strategies are necessary to cope with and decrease the epidemic. As a result a large amount of strategic and policy focus has shifted on ensuring that services are provided adequately to those that need it the most. Thus the findings of this study are of paramount value for the future planning for Gauteng's service provision needs.

This project was successful in identifying HIV and AIDS service providers in Gauteng. Epidemiological estimates were calculated to compare the frequencies of available services to the actual need. The general finding is that there are inadequate services available for the number of people that require them. Overall NGO's provide the most services in Gauteng with the public sector providing the majority of treatment services. The situation differs by municipal with the less developed areas having a higher prevalence rate, lower population rate, and a lower number of services available. A negative correlation has been found between the prevalence rate and the number of services available in most districts.

These findings are useful for future planning as it suggests that increasing the required services decreases the prevalence rate. The type of interventions should differ by municipal by taken into consideration the socio-economic factors that contribute to the prevalence rate of the municipal. This study may be considered as a pilot study for the province and for the future a more in-depth study with less time constraints will provide stronger support. Information gathered from this assessment has laid the foundation for future research. The report is divided by municipal areas so that the gaps in service provision can be addressed at the municipal level.

The study has provided sufficient information to contribute to the planning, execution, monitoring and evaluation of HIV/AIDS service delivery in all municipal districts of the province which should result in a coordinated effort. A replication of this methodology in other provinces would decrease the number of service provision gaps in the country. As the study suggests, if we provide adequate services where they are needed we can ease the burden of the HIV and AIDS epidemic with the aim of starting a downward trend.

7. Acronyms used

AIDS:	Acquired Immune Deficiency Syndrome
ART:	Antiretroviral Treatment/Therapy
ARV:	Antiretroviral
DOH:	Department of Health
FPD:	The Foundation for Professional Development
GPG:	Gauteng Provincial Government
HIV:	Human Immunodeficiency Virus
HST:	Health Systems Trust
NGO:	Non Governmental Organisation
NSP:	National Strategic Plan 2007-2011
PHC:	Primary Health Care
PLWHA:	People living with HIV and AIDS
PMTCT:	Prevention of Mother- to- Child Transmission
VCT:	Voluntary Counselling and Testing

8. Annexures

Annexure A: Questionnaire

Annexure B: Service Providers mapped in Gauteng province August -
September 2007

Annexure C: Districts and municipalities of the Gauteng province

Annexure D: Maps of the various districts mapped in the province
Gauteng province

9. References

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10. www.wikipedia.org Maps (Gauteng province and Districts and municipalities)

**Annexure A:
Questionnaire**

				Questionnaire number																					
Name							Acronym																		
Description: Type and Focus																									
Year of establishment				Website																					
Telephone												Facsimile											e-mail		
Postal Address	PO Box					Physical Address	Number and Street																		
							Suburb																		
	Suburb						Ward																		
	City						Municipality																		
	Province						City																		
	Postal Code						Province																		
Directions																									

What is your most critical need?														
Contact Person					Designation									
Telephone					Mobile					email				
Number of Employees			Number of Patients/Clients per				Frequently Accessed Services							
Full-Time	Part - Time	Volunteer	Day	Week	Month	Year	1	2	3					
Language – Please indicate with a cross in the box below which languages are used														
Afrikaans	English	IsiNdebele	IsiXhosa	IsiZulu	Northern Sotho	Sepedi	SeSotho	SeSwati	SeTswana					
Services - Please indicate with a cross in the box below which services are provided														
Awareness														
Southern Sotho	TshiVenda	XiTsonga	Other	Which other languages?										
Children Services														
Source of Funding														
Condom Distribution / Promotion														

Annexure B:
Service Providers mapped in Gauteng province August - September 2007

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 Metropolitan 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) Note: Demarcated as part of North West province	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 D:
Maps of the various districts mapped in the province Gauteng province